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**ADOLESCENT MAORI MOTHERS EXPERIENCES  
WITH SOCIAL SUPPORT DURING PREGNANCY,  
BIRTH AND MOTHERHOOD AND THEIR  
PARTICIPATION IN EDUCATION**

A thesis  
submitted in fulfilment  
of the requirements for the Degree  
of  
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by

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## **ABSTRACT**

The purpose of this research was to investigate the role of social support in helping adolescent Maori mothers cope with pregnancy, birth and motherhood, with a particular emphasis on its role in enabling them to continue at school. The aim of this research is to understand and make sense of these experiences and to perhaps identify gaps within an individual's social network. The analysis and methodology of the research was underpinned by a community psychology framework.

Nine interviews were conducted with young Maori women who had become pregnant and continued with their pregnancy, all before the age of 20. The in depth interviews included questions focusing on the young women learning of pregnancy, the pregnancy, birth, caring for their child and their experiences with education and future plans.

Negative experiences were usually those which involved unsupportive people. Positive interactions were those where support, of all types, was offered and useful to my participants and their children. Education was highlighted as the most effective way of providing a better life for adolescent mothers and their children.

The research highlights the importance of social support and the continuation of education. Combining the efforts of positive social networks and social support services can improve the lives of adolescent Maori mothers and their children.

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## **CHAPTER ONE: INTRODUCTION**

In this first chapter I outline my background and explain the need for conducting research on adolescent Maori mothers. A brief overview of Maori history since colonisation highlights the differences between Maori and Pakeha cultures, in particular the family structures, which has implications on Maori motherhood. Dominant views on teenage pregnancy are presented and critically discussed in the literature review. Education, social support and networks, as well as social services are crucial elements in the lives of adolescent Maori mothers. This chapter concludes with an outline of the specific objectives of this research.

Chapter Two looks at the methodological procedures used in this research project. This involved the utilization of Community Psychology based principles; social justice, empowerment, ecological approach and collaboration.

Chapter Three consists of the case studies and stories of the nine participants interviewed. Each case study has been structured around six chronological themes; background, learning of pregnancy, pregnancy, birth, caring for child and education.

Chapter Four is a cross case analysis and discussion of some of the key themes emerging across the case studies. While each individual woman's story is compelling in itself, there were a range of issues throughout the stories that warrant further analysis and discussion in relation to relevant literature.

The final chapter summarises key findings of this research and the conclusions that have been reached. Possibilities for further research are explored in this section along with the implications. The limitations of my research will also be discussed. The thesis will conclude with some personal reflections of the research.

## BACKGROUND

The purpose of this section is to highlight my own interests and experiences and to provide an orientation towards my research. Due to many factors with which I was brought up in, the topic of adolescent Maori motherhood has always been of interest to me.

I was born and raised in Gisborne, a small town located on the East Coast of the North Island of New Zealand. It is a very isolated community with a growing number of young people. In the 2006 New Zealand Census, the Gisborne region was made up of 26.2 percent of people under the age of 15, compared to 21.5 percent of the New Zealand population (Statistics New Zealand, 2006).

Gisborne has always had a high number of adolescent Maori mothers. During my time at high school, five friends of mine left school after becoming pregnant. When I return home I always see more adolescent Maori mothers, often pregnant with their second or third child. A number of young mothers will have children with multiple fathers which often makes life more difficult for them and their children.

I am the daughter of two Maori parents. My father comes from a large family; he was adopted and lived with extended family. This is a common practice among Maori and is referred to as 'Matua Whangai' or 'foster parents' (Barlow, 1991). My mother was also raised in a large family with an Irish father and Maori mother. Both my parents had little exposure to their Maori culture while growing up and failed to embrace it as adults. I have two older brothers, and during our childhood none of us were introduced to our Maori culture through our family.

As the youngest sibling in my family I was the last to leave home. I decided to move to Hamilton and pursue my education as well as experiencing life as an independent young woman. At the time I was living with friends, though I felt lonely and isolated without the support from immediate family members. While attending university I enrolled in a Maori language course. During my time there I was introduced to my Maori history; and I discovered who I was and where I was from. This set off my passion for all causes concerning Maori.

For as long as I can remember helping youth to reach their goals and enhance their lives has been of interest to me. By chance, I learnt about the Community Psychology programme offered at the University of Waikato. Feeling completely out of my comfort zone I applied – and was successful. My post graduate studies have meant that I have had the opportunity to combine my interest in youth empowerment and Maori.

My aspiration to research adolescent pregnancy and social support was influenced by the many negative stereotypes surrounding young mothers. Personal experiences with adolescent mothers had left me feeling that although life was more challenging for them they embraced their circumstances and were deserving of more support. Education became an area of interest after hearing plenty of stories reflecting the positive effects returning to education had on young mothers.

To contextualise the lives of Maori mothers it is useful to take New Zealand history, in particular colonisation, into account. This will highlight some of the cultural differences between Maori and Pakeha world views.

## MAORI HISTORY

### Colonisation

Maori are the indigenous people of Aotearoa, New Zealand. Prior to the 1800's Maori lived a collective lifestyle which relied heavily on the natural environment.

Communal living worked well for Maori; families worked together and relied on their environment to provide their food, shelter, clothing and identity (Durie, 1998). Maori society was divided into tribes, called 'iwi', which were made up of smaller units, referred to as 'hapu' (State Services Commission, 2005). Prior to the arrival of European immigrants to New Zealand, life for Maori was relatively stable.

From around 1800 onwards, life for Maori changed, increasingly rapidly, following the earliest settlers arriving in search of timber, whales, seals and land to build new lives for themselves. Maori had to adapt their traditional lifestyles. The population, which had grown slowly prior to 1800, began to decline and at one stage, it was widely believed that Maori were a dying race (Durie, 1998). Changes for Maori provided both risks and opportunities, the risks, such as diseases and loss of self determination, being far greater than anticipated. Maori tribal leaders were unable to see a return to their previous lifestyle and considered the future of all Maori was best placed under British protection (Durie, 1998). The Treaty of Waitangi was signed in 1840 and marked an important time in the history of New Zealand (Durie, 1998; State Services Commission, 2005).

Maori have always regarded their health as a 'taonga' or a treasure. The Treaty is made up of three articles, articles two and three relating directly to Maori. Article two guarantees 'tino rangatiratanga' (self determination or chieftainship) to Maori over those things that effect them. Arguably, this includes health. Under Article three, Maori were given the same rights and privileges as British subjects. This means Maori are entitled to the same health services as others (Rimene et al., 1998). Since the signing of the Treaty of Waitangi the health of Maori has suffered, including a population decrease by the year 1896, due to the failure to implement the Treaty (Durie, 1998). Along with a drastic change in lifestyle, Maori were subjected to various 'European' diseases, such as measles. Diseases spread rapidly among Maori after the arrival of immigrants who brought with them previously unknown illnesses,

resulting in a declining population. The signing of the Treaty still impacts the health of Maori today.

Twentieth century urban living made it difficult for Maori to continue traditional practices (Barlow, 1991; Smyth, 2000). Post war migration meant that many Maori relocated to live in more urban areas, often leaving behind their family, culture and traditional home bases in rural areas. The rise of housing developments in urban areas meant there was over crowding. This move was prompted by economic needs and led to many changes for Maori society (Rimene, Hassan & Broughton, 1998; Smyth, 2000).

### **Maori Society**

The structure of Maori society is based on four elements which link an individual to the land and ultimately to their family and the traditionally communal way of living:

**Whenua (land) > Whanau (family) > Hapu (subtribe) > Iwi (tribe)**

The traditional meanings of these four elements that make up Maori society originate from women and the process of birth:

**Whenua (placenta) > Whanau (birth) > Hapu (pregnant) > Iwi (human bone)**  
(Rimene et al., 1998)

Motherhood is recognised as the essence of Maori society. The nourishment and growth of a society comes from the people; similar to that of a mother and her child. This traditional structure of Maori society is still relevant today. Maori continue to regard the land as an important aspect of their culture along with links to whanau, hapu and iwi.

### **Maori Health**

A Maori health model referred to as 'Whare tapa wha' or 'A four sided house' was conceptualised by New Zealand health workers in 1982, and later developed by Mason Durie. It compares the four sides of a house to the four necessary elements thought to be vital for complete health and wellbeing:

1. **Te taha tinana** (The physical dimension)
2. **Te taha wairua** (The mental dimension)
3. **Te taha whanau** (The family dimension)
4. **Te taha wairua** (The spiritual dimension)

(Durie, 1998; Rimene et al., 1998)

This health model encompasses the four essentials to health. Maori have always considered the spiritual and family dimensions of health as important. This contrasts Western society's medical model which typically focuses on the physical and mental aspects of health. Attaining physical and mental health is not enough: supplementing both with family and spiritual based dimensions is fundamental to Maori health. Traditionally Maori have always considered family to be an individual's prime support network. When someone becomes ill, their family is looked at as a source of blame among Maori culture (Durie, 1998). This reflects the idea that support, from family, directly influences an individual's health. The spiritual dimension is an important part of Maori culture. Ancestors or 'tipuna' were acknowledged and are still very much a part of everyday life. While the spiritual element of one's health is difficult to measure, it is still relevant and highly regarded among Maori (Durie, 1998).

The 'whare tapa wha' model embraces the idea that Maori need to return to traditional values to balance their health and well-being. Traditional methods, such as Rongoa and Mirimiri, have been used for centuries by Maori for health benefits (Durie, 2001). Motherhood also involved a number of traditions for Maori.

### **Traditional Maori Motherhood**

*"He puta taua ki te tane. He whanau tamariki ki te wahine"*

*The battlefield for man, childbirth for women* (Rimene et al., 1998).

Maori have always considered women to be important as they are the bearers of all humans. In Maori culture the female womb is called "Te Whare Tapu o Te Tangata" or "The sacred house of mankind" (Rimene et al., 1998). Women's primary role within traditional Maori society was to raise their child until they grew to maturity and independence (Barlow, 1991). Maori traditionally lived in communal settings

which meant support to raise a child was abundant. Although the mother was the primary provider for her child, her whanau, hapu and iwi were there to support them. Colonisation led to a breakdown in communal living and many Maori mothers could no longer rely on extended support (Rimene et al., 1998).

Maori have continued many of the traditional child bearing practices of their ancestors, such as prayers and the burial of the child's placenta. Other customary practices have been lost and are no longer used by Maori.

Prayers or 'karakia' were commonly performed during child birth which was conducted by a priest. These prayers were directed to Hine-te-iwaiwa, the goddess of childbirth to help with a prolonged or difficult labour (Heuer, 1972). The father of the child was customarily not allowed to be present during child birth; this was reserved for females only, usually whanau members (Rimene et al., 1998).

Giving birth is considered an extremely important time for a woman; a pregnant young mother is considered 'tapu' or sacred (Heuer, 1972; Rimene et al., 1998). The term 'whakama' refers to feelings of shyness, shame, embarrassment, anger and even powerlessness (p. 86). Whakama may arise for young Maori women during the birth process as they may feel vulnerable and uncomfortable in a foreign environment, such as a hospital or birth clinic. Revealing the most intimate and private part of a woman's body during birth puts the young mother in a vulnerable situation.

After child birth a ceremony was performed which helped to link the new born baby to the Earth Mother, Papatuanuku. The placenta or 'Te Whenua' was buried in a special place, such as their ancestral land, soon after the baby's birth. This is done in order to form a bond between the child and the land which is highly regarded in Maori culture (Rimene et al., 1998). Another ceremony which was traditionally performed by Maori involved ritual cleansing. This occurred when the child's naval cord, or 'pito' fell off naturally and a name was able to be given to the baby as they were now separate from their mother (Heuer, 1972).

The traditional aspects of Maori motherhood do not play as big a part in the lives of modern day Maori mothers. The rates of adolescent Maori motherhood have increased and it is becoming more and more common in New Zealand.

### **Adolescent Maori Motherhood**

The incidence of adolescent pregnancy in New Zealand is high. New Zealand is among the top three countries in the world with the highest rates of fertility among young women, following behind the United States of America and England (Boddington et al., 2003). After World War II New Zealand had a decrease in early child bearing which continued until the late 1980's (Boddington et al., 2003; Dickson, Sporle, Rimene & Paul, 2000; Monahan, 2006).

Maori overall make up a much younger ethnic group than non-Maori in New Zealand (Department of Labour, 2002). Maori adolescents also have the highest fertility among their peers at a rate of 70 per 1,000 women (Boddington et al., 2003; Department of Labour, 2002; Rimene et al., 1998). In the year ending 2001, 15.4 percent of all births to Maori women were to adolescent mothers, whereas only 4 percent of births to European mothers were to adolescents (Mantell, Craig, Stewart, Ekeroma & Mitchell, 2004).

Long before the public scrutiny in the New Zealand media of the pregnancy of 16 year old Maori 'Whale Rider' actress Keisha Castle-Hughes, adolescent motherhood has been an issue (Monahan, 2006). It is often referred to as a social problem in most Western societies.

## DOMINANT VIEWS

The dominant view during the first half of the 20th Century was that teenage pregnancy was something to be kept secret and dealt with by the young women's family. Until the 1970's there was little public discussion surrounding teenage pregnancy. However, nowadays it has entered public discourse as a "social problem" (Schultz, 2001). The stereotypical view of early child bearing is that the young mother – and her child - fail to prosper in life and their chances at educational and economic success are lessened (Furstenberg & Crawford, 1978). Given this view, it is not surprising that most research into teenage pregnancy has focused on risk factors in relation to this assumed problem. Commonly cited risk factors for teenage pregnancy include violence, drug and alcohol use, a history of conduct and attention problems, an unstable home environment including sexual abuse, lack of supportive adults and a loss of contact with social institutions such as schools (Fergusson & Woodward, 2000; Kirkman & Moloney, 2005; McCullough & Scherman, 1991; Rimene et al., 1998).

New Zealand-based research indicates that risk factors among youth are similar to that of their international peers. Moreover, young Maori mothers are more likely than their non-Maori peers to have conduct problems, have a history of family adversity and practise unsafe sex therefore increasing the likelihood of falling pregnant (Woodward, Horwood & Fergusson, 2001).

It has been suggested that societies with high levels of teenage pregnancy (e.g. the United States of America) will have a higher rate of income inequality, a less inclusive culture and be less focused on assisting youth to develop skills to manage their sexuality (Kirkman & Moloney, 2005). This implies the idea that the environment influences the life outcomes and experiences of young people.

Ecological factors, such as the social, political and cultural environments, have been used to examine social issues and it is a fundamental value of community psychology (Dalton, Elias & Wandersman, 2001).

International research findings on the sexual behaviours of adolescents are compatible with New Zealand statistics. American studies have suggested that African-American

adolescents who lived in urban areas had higher rates of early sexual intercourse and pre-marital pregnancy than other ethnic groups (Furstenberg Jr, 2003; Hogan & Kitagawa, 1985). A New Zealand survey found that 84 % of adolescent Maori had early sexual intercourse experiences compared to 76 % of adolescent non-Maori (Dickson et al., 2000). While this is not a huge difference it could help to explain the higher levels of Maori adolescent pregnancy rates in New Zealand. Maori women were also more likely than non-Maori to fail to use contraception during their first sexual intercourse experience (Kirkman & Moloney, 2005). This factor only increases the likelihood of pregnancy at an early age.

Contraception use inevitably affects the likelihood of adolescent pregnancy. There is a lack of knowledge among adolescents in regards to contraception and using it correctly (Furstenberg Jr, 2003; Kirkman & Moloney, 2005). A New Zealand national study by the Adolescent Health Research Group found that only 60 % of adolescent females used contraception to avoid pregnancy (Kirkman & Moloney, 2005). Condoms were the most popular choice of contraception for those under the age of sixteen. With experience, adolescents would use other types of contraception, mainly the oral contraceptive pill (Kirkman & Moloney, 2005). While it is evident that contraception is being used among some, the lack of knowledge is worryingly high among New Zealand teenagers.

Abortion is an option for a woman wanting to terminate her pregnancy. Maori adolescent women who get pregnant are less likely to have a termination than their European peers: a quarter of such pregnancies among Māori end in abortion compared to half for Europeans (Dickson et al, 2000; Statistics New Zealand, 2006). However, because more Māori adolescent women get pregnant, their abortion rate per capita is higher than that of European adolescent women.

In deciding whether to continue or terminate a pregnancy an adolescent mother must regard her own future and the long term effects of a child, in ways unlike that of a more mature woman (Hammerton, 1992). A decision to continue with the pregnancy is more likely to be made by young mothers who had a history of family adversity (Woodward et al., 2001). In particular, young Maori women who became pregnant and had a history of educational under achievement were more likely to continue with

their pregnancy (Woodward et al., 2001). Both studies imply that negative attributes have an influence on the decision to continue with pregnancy or not.

Outcomes for the children of adolescent mothers have often been reported as being negative. In New Zealand, Maori children are more disadvantaged than non-Maori children with higher rates of abuse, worse health status, poorer educational achievement and later on in life they have higher rates of imprisonment (Dickson et al., 2000). The problem however has the ability to affect two generations of Maori. The adolescent mother may leave school early and this in turn affects the educational opportunities available to her offspring (Mantell et al., 2004). American research has found similar findings. Children of adolescent mothers are more likely to suffer from developmental problems, abuse and neglect, poverty and social, emotional and cognitive disabilities than their peers born to older women (Medora et al., 1997). This could suggest that teenage pregnancy is passed on from each generation and creates a cycle of negative outcomes.

It could be argued that the literature on adolescent pregnancy seems to focus largely on the negative risk factors and outcomes. Dynamics, such as the environments adolescents are brought up in, can influence the probability of getting pregnant at a young age. The negative results can be far reaching and even affect generations. Findings certainly suggest this is the case; however there is encouraging research to counteract this.

## **CRITIQUE OF DOMINANT VIEW**

The subject of adolescent pregnancy and motherhood has been researched and discussed widely as a social problem. While this viewpoint is relevant, there is also room for discussion around the positive effects of teenage pregnancy.

Research has been shown that indicates motherhood can actually improve the life outcomes of some adolescents. An internationally based research project, involving eight pregnant adolescents attending an alternative school programme, examined all aspects of their lives during pregnancy. The majority of participants reported that they saw their pregnancy as beneficial rather than detrimental (Spear, 2001). This finding challenges the view held by many that adolescents lives are ruined by early childbearing.

An aspect not often discussed is adolescent mothers' ability to love and care for their child. The protective instinct a mother has for her unborn child is no less when the mother is an adolescent (Hammerton, 1992). An international qualitative study showed that young women have displayed caring behaviours early on in their pregnancy with a strong attachment to their unborn foetus (Spear, 2001).

Being a young mother has been linked with positive values such as maturity and responsibility, often not associated with adolescents. Pregnancy can be a way for some adolescent women to achieve adult status and maturity in an otherwise futile situation (Dacey & Kenny, 1997; Phoenix, 1991). International studies indicate that young women who belong to a female-lead family or had older sisters, who were mothers, were more likely to become pregnant in order to achieve adult status (Hogan & Kitagawa, 1985).

While adolescent pregnancy is often discussed as a social problem, for some women they see it as a way out of an already helpless situation. A child can become a source of love and affection attributes lacking in the adolescents life (Dacey & Kenny, 1997). Young women growing up in difficult circumstances or with a lack of opportunity may view pregnancy as their last hope at a better life

*“Having a baby is a lottery ticket for many teenagers; it brings with it at least the dream of something better, and if the dream fails, not much is lost. Some young women say it was the best thing they ever did”*

(Luker, 1996, p. 182).

Adolescence is a time of development and identity formation plays an important role during this time. Young women who become pregnant and continue through to motherhood may acquire a sense of identity through this role. This is a part of their development which they may otherwise not gain through education or having an occupation as other adolescents would do (Medora & Von Der Hellen, 1997; Theriot, Pecoraro & Ross-Reynolds, 1991).

The prevention of adolescent parenting is widely discussed among social services and policy makers. It has been previously assumed that prevention efforts have failed once a teenager became pregnant, however after the birth of a child this term takes on new meaning. According to Collins (2004) prevention needs to be refocused on supporting young mothers once they have become pregnant

*“Prevention needs to focus on minimising unnecessary outcomes for mother and child, so both can maximise their potential” (p.4-5)*

While adolescent pregnancy often focuses on a number of negative outcomes, Collins (2004) highlights the strengths of young mothers. Similarly, authors such as Phoenix (1991) have challenged the notion that adolescent pregnancy and motherhood is a negative life outcome. This view compliments my research by focusing on strengths as opposed to a problematic analysis. Education and social support are two aspects which can present adolescent mothers with options they may not have had available. Next I will discuss these options and the impact this may have on their lives.

## EDUCATION

Education is considered the path to success within contemporary societies. Youth are encouraged to complete their education and head out into the work force armed with qualifications which will enhance their opportunities. Leaving school early due to pregnancy has been shown to negatively influence the lives of adolescent mothers (Fergusson & Woodward, 2000). Although this may be true for some mothers, it does not necessarily need to impact the rest of their lives. Adolescent motherhood can interrupt the pursuit of education which some pursue at a later stage while others choose to focus on their child.

Generally the outcome for adolescent mothers does not look good. Young mothers have less education, less work experience, earn less income, have low self esteem, are more dependant on welfare, and are more likely to be single parents in comparison to their peers who delay motherhood (Dacey & Kenny, 1997; Dixon & Adair, 1998). Unfortunately early childbearing can also reduce a young mother's schooling by one to three years and young mothers are less likely to attend tertiary than their non-pregnant peers by a factor of 5 (Fergusson & Woodward, 2000; Klepinger, Lundberg & Plotnick, 1995).

Research was conducted by Williams and Kornblum in 1985 with 900 adolescent females who were growing up in poverty throughout the United States of America (Dacey & Kenny, 1997). This research found that the decisions adolescents made related to the opportunities they were presented. Adolescent women who became pregnant had two main options in their lives; to continue with education or leave and pursue motherhood. The latter tended to be a method of escape for those who were not interested in education or are not academically inclined. This research helps to explain the high rate of adolescents who become pregnant after leaving school.

American research conducted by Schultz (2001) involved a longitudinal ethnographic study which focused on students of a multi racial urban high school. Most of the female students interviewed had plans for the future which heavily relied on education. However, they also had alternative plans if they became pregnant. Avoiding pregnancy was considered a measure of success and gave females a chance

to pursue their education. On the other hand, young mothers in the same peer group attributed their persistence with education to their child. Leaving education after becoming pregnant is often considered to be a negative outcome. However Phoenix (1991) found that those mothers who would have continued their education, had they not become pregnant, reported no feelings of regret in discontinuing.

A New Zealand study has illustrated that a large proportion of adolescent mothers leave school before they become pregnant (Woodward, Horwood & Fergusson, 2001). A study of 120 young mothers by Dixon and Adair in 1996 found that only twenty eight were still attending school when they became pregnant while the remaining participants had already left (Dixon & Adair, 1998). Those mothers who were still attending school eventually left education before the birth of their child. Most mothers in the study had completed only three or four years of secondary school. The majority of young mothers indicated their desire to return to education eventually (Dixon & Adair, 1998). Research such as that conducted by Dixon & Adair (1998) demonstrates that some young women fail to embrace the current school curriculum and therefore motherhood may seem like a viable option.

Australian research conducted by the New South Wales Department of School Education found that adolescents who become pregnant while attending education often feel unwelcome and leave (Collins, 2004; Dixon & Adair, 1998; Phoenix, 1991). Unaware of the educational options available for young mothers many drop out of the system before support can reach them. This often meant that education was not completed leaving them with a lack of qualifications. Easier access to support services for adolescents who become pregnant during their education needs to be enhanced to reduce the chances of young mothers leaving. Research supports this finding that guidance and support is an indicator of adolescent mothers succeeding in education (Dixon & Adair, 1998).

Early motherhood may provide some with excellent motivation for previously poor academic achieving mothers to set themselves goals for the future involving education and employment (Spear, 2001). Education is necessary for financial independence (McCullough & Scherman, 1991). Without the proper education or training young mothers will rely on the benefit long term or will be unable to move beyond low paying jobs which are often unsustainable (Department of Labour, 2002). Finding

employment is difficult for young mothers with a lack of education to achieve. Mothers who acquired education or training after having their child reported that this influenced their chances at finding employment and resulted in them leaving the benefit (Department of Labour, 2002).

A long term goal for many young mothers, especially solo mothers, is working to provide for their child and to discontinue receiving a benefit. Pursuing education often means needing child care but this can be expensive. Accessing affordable child care can be a potential hurdle for young mothers seeking education long term (Department of Labour, 2002). If child care fees are too expensive, the young mother may need to find someone, usually a family member, to care for their child for no or minimal payment. The young mother may also face feelings of guilt leaving her child with others while attending school full time.

Education is one aspect that can change a young mother's life for the better. Social support is another. Just like education, social support can enhance an adolescent mother's life so she is able to make more choices for herself and her child.

## SOCIAL SUPPORT

Motherhood is a transitional stage for women, there is a lot of reliance on others for support. Adolescent mothers, more so than any other age group, have an increased dependence on other people; therefore social support influences their lives.

### Types of support

Social support is difficult to define as it has different meanings for each situation or person. Schaefer, Coyne and Lazarus (1981) attempt to provide a definition of the three main aspects of social support:

1. **Tangible support:** Involves direct aid or services and can include loans, gifts of money or goods, and provision of services such as taking care of needy persons or doing a chore for them.
2. **Emotional support:** Includes intimacy and attachment, reassurance, and being able to confide in and rely on another- all of which contribute to the feeling that one is loved or cared about or even that one is a member of the group, not a stranger.
3. **Informational support:** Includes giving information and advice which could help a person solve a problem and providing feedback about how a person is doing (Oakley, 1992, p. 29).

The presence of support has been found to improve the lives of adolescent mothers and reduce the chances of negative outcomes (Hammerton, 1992). Insufficient resources can be disempowering and can enforce negative feelings in young mothers which can only worsen their situation (Hammerton, 1992).

New Zealand research has looked at the effectiveness of social support for adolescent mothers. Findings advocate that emotional support is more effective when provided by an adult outside of the immediate family (Dixon & Adair, 1998). Stress levels among family members dealing first hand with the issue of teenage pregnancy may find it hard to offer emotional support when they themselves are struggling to deal with it. International research found that emotional support can only be successful if the relationship is compatible; therefore the person being supported considers the

support to be useful and the person providing the support can recognise when the support is needed (Phoenix, 1991). Findings such as these may mean that emotional support is best provided by someone outside of the situation who is able to recognise the need for support and the ability to empathise. However research by Phoenix (1991) found that young mothers who had someone they could personally confide in did not feel any more supported than those mothers who had no such person to discuss personal matters with. This suggests that while emotional support may provide some level of assistance, it does not cover all of the support needs of an adolescent mother.

Research on social support has shown that it is beneficial for people's health, both physically and psychologically (Hobfoll, 1986; Oakley, 1992; Phoenix, 1991). The support young mothers receive during pregnancy can even influence the birth weight and health of babies (Perrin & McDermott, 1997).

The way in which people deal with stressful situations usually correlates with the levels of social support they have in their lives (Phoenix, 1991). This indicates that stress, surrounding the lack of support could have an effect on health.

### **Social Networks**

Social networks are made up of those people in one's life. Social networks can either benefit through support, or hinder through stress, a young mother through their assistance. Parents, siblings and often relatives outside the immediate family make up the most distinctive social network of adolescent mothers. Without any fault of their own they are drawn into the 'problematic' life of an adolescent mother (Cervena, 1994; Furstenberg & Crawford, 1978). Therefore while assessing adolescent mothers it is important to consider those involved in providing support.

The majority of support which a young mother receives is from her family, particularly her parents and siblings. Living at home with family has been found to increase the amount of material support a mother got, including child care. However, child care was often still available from family members even if the young mother was no longer residing in her family home (Furstenberg & Crawford, 1978).

Motherhood has been shown to strengthen family relationships among adolescent mothers and their immediate family members (Kirkman, Harrison, Hillier & Pyett, 2001; Spear, 2001). Young mothers rely on their family, especially their mothers, for many types of support; including economic assistance, child care, emotional and psychological support (Dixon & Adair, 1998; Furstenberg & Crawford, 1978; Phoenix, 1991; Theriot et al., 1991; Voight et al., 1996).

The support from partners was observed by Phoenix (1991) in her study of young mothers. She found that the majority of partners were inadequately prepared when it came to child care and were also unreliable. Most of the male partners were either unemployed or earning a low wage, which meant they provided little for their child economically. This was also found in research by Hammerton (1992) which showed that in the case of adolescent pregnancies, birth fathers gave varying degrees of support to the mothers of their children.

Young women's friendships are usually developed while attending school and make up an important part of their social network (Phoenix, 1991). Friendships comprise of a slightly different type of support. They give young mothers positive support which does not include the disapproval and criticism which often comes from family members and partners (Voight et al., 1996). Supportive friends of adolescent mothers are those who usually have children of their own and can provide advice and information (Collins, 2004).

The breakdown of friendships can be hard for adolescent mothers to cope with at a time when they need friends most. Friendships can easily breakdown once the responsibility of motherhood sets in, often reducing a young mother's previously carefree time and introducing different social environments (Collins, 2004). While the support of friends is valued, sometimes the loss of friends can become beneficial. Losing unsupportive friends or those involved in anti-social activities was an advantage for some young mothers. However, the loss of friends also commonly contributed to feelings of isolation (Collins, 2004).

### **Social services**

A New Zealand based evaluation of the domestic purposes benefit found that Maori were over represented among all ethnic populations receiving this benefit (Department of Labour, 2002). In New Zealand, the domestic purposes benefit is an important source of financial aid for solo mothers. To be eligible to receive this benefit, a parent must have a child under 18 who is dependent on them, not be living with the other parent or a partner, have lost the support of or are not being adequately maintained by a partner and, crucially for this study, be themselves 18 or over (Work and Income New Zealand, 2007). There are few benefits available for mothers under 18 years of age, including the Young Parent childcare payment, which is for those

The financial dependency of adolescent mothers on welfare and benefits has been vastly studied. Many will rely on the financial support of others such as their family, the birth father or the state (Hammerton, 1992). This only emphasises the powerless position that a young mother has in society which is very dependant on others. Although it is widely believed that many young mothers aspire to be on the benefit, research has shown that young mothers are more interested in being independent financially (Collins, 2004). There is reluctance by some young mothers to approach social services. A lack of knowledge about which services are available, intrusive questioning, and transportation are some reasons which can hold mothers back from asking for assistance (Collins, 2004; McCullough & Scherman, 1991).

## **RESEARCH OBJECTIVES**

The purpose of this study was to investigate the role of social support in helping adolescent Maori mothers cope with pregnancy, birth and motherhood, with a particular emphasis on its role in enabling them to continue with education. The research focuses on the experiences and interactions adolescent Maori mothers encounter. The following objectives inform my research and its intentions;

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

## **CHAPTER TWO: METHOD**

In researching adolescent Maori mothers' experiences of social support and their participation in education, it seemed appropriate that the research be underpinned by community psychology research principles. The principles underlining this project are discussed below.

### **Social Justice**

Social justice refers to the promotion of social change. It has been defined by Prilleltensky (as cited in Dalton, Elias & Wandersman, 2001, p.16) as the "fair equitable allocation of resources, opportunities, obligations, and bargaining power in society as a whole". Highlighting the inequities which adolescent Maori mothers face can provide a better overall picture of the challenges this group of young women come up against.

### **Empowerment**

The idea that people can actively control their own lives has become an important value within community psychology (Department of Psychology, 2007).

Empowerment through enhancing communities to develop their strengths, competencies and skills is effective in community development. This research project is highly focused on the importance of the personal control that young mothers have to empower their lives.

### **Ecological approach**

This approach recognises the fact that an individual is influenced by the environmental factors which shape their community life (Department of Psychology, 2007). Factors which are influential include social, organisational, political, cultural, economic and physical environments. Investigating the environmental factors which affect the lives of adolescent Maori mothers can provide answers to the support which can help them.

## **Collaboration**

Community psychology recognises that in order to make sustainable positive changes, there needs to be a level of collaboration among community members (Department of Psychology, 2007). Determining the goals of a particular group within a community assists the contribution of knowledge and resources from those working with them (Dalton et al., 2001). The potential of this research to inform those social support networks and services of the needs of adolescent Maori mothers is an implicit objective.

## **PROCEDURE**

The primary focus of the research project is nine in-depth interviews with adolescent Maori mothers. Recruitment of participants began immediately following ethical approval. The young women were recruited through a variety of ways:

1. Information sheets were distributed to organisations and parenting groups. I sent out information about my research and asked people to pass my details out to their networks.
2. I contacted the manager of one local Teen Parent Unit and we began discussions around the intent of my research. After a full consultation I was introduced to her students and spoke to them as a group about my project, inviting the young women to become involved. Each student was given an information sheet about the research.
3. I spoke to people within my own networks to find suitable participants. When people were referred to me I arranged to meet with them to discuss my research further.

Each of the strategies was effective in recruiting participants. Each young woman who expressed any interest in my research was given a copy of the information sheet (see Appendix A). They were assured that they had the right to withdraw from the research at any stage. It was also made clear that any information shared during our discussions would remain anonymous.

All the participants who confirmed their involvement were contacted to arrange a suitable time and location for their interview. The four participants attending the Teen Parent Unit were interviewed individually in a private classroom on their campus. Four participants were interviewed in their own homes and one woman was interviewed at the drug and alcohol rehabilitation centre she was residing at.

## **PARTICIPANTS**

In all, nine women were interviewed about their experiences. Two groups of young mothers were recruited. The first group was made up of four young women attending a local high school Teen Parent Unit. The second group was made up of five young women who had completed varying degrees of education and were not attending high school, although some were participating in other forms of education or training.

Each of the participants interviewed were Maori New Zealanders (although some identified strongly with other ethnicities) aged between 15 and 20 years. A more thorough description of respondents is given in the case studies. A summary of participant information is also given in Table 1 in Chapter Four.

## **INTERVIEW PROCESS**

The interviews conducted were qualitative in nature. This research approach produces a larger amount of detailed information with a smaller number of people and cases (Patton, 1990). Interviews were carried out face-to-face with participants individually. This type of interviewing produces a higher standard of responses to that of telephone interviews and is particularly desirable in working with Maori communities “kanohi ki te kanohi” (Soutar, 1994). The interview process involved in-depth and open ended questions. I worked from a semi-structured interview schedule that addressed each of my objectives (see Appendix B). While working from an interview guide, I did adopt an informal conversational approach which allowed the flexibility to pursue matters of particular interest to the young women.

At the beginning of each interview I explained that all care would be taken to protect the interviewee’s identity. Pseudonyms were used and other identifying information was disguised as much as possible without affecting the research.

## **ANALYSIS**

The results of the interviews with the young women are presented in a case study format. Case studies ensure that each participant's experiences are understood within the context of her life. This method also helps when making direct observations, which was a planned intention of this research (Green, Camilli, Elmore, Skukauskaite & Grace, 2006).

## **CASE STUDY CONSTRUCTION**

The following process was used in the construction of the case studies:

1. The interviews were transcribed in full and checked for accuracy against the original tapes.
2. Transcripts were returned to those participants who were able to be contacted. Very little changes were made, mostly in the form of grammatical changes and clarifications.
3. A case study structure of six main themes was developed in a chronological order. The themes were: Background, Learning of pregnancy, Pregnancy, Birth, Caring for child and Education.
4. Each transcript was read through and analysed. Sections relating to the six themes were identified and put in a chronological order. Where necessary, summary information and linking text was added to maintain the flow of each story.
5. Feedback and suggested amendments were made. Case studies were re-analysed to ensure they were as close as possible to the original interview content.

## **CROSS CASE ANALYSIS**

As well as the construction of case studies, further analysis took place across cases. This process meant the case studies were used as the basis of the analysis, as opposed to the original interview transcripts.

The analysis process consisted of the following steps:

1. Themes and issues were identified.
2. Matrices were constructed from summary information to identify areas of interest.
3. Text and tables were developed to describe the themes.

## CHAPTER THREE: CASE STUDIES

### CASE STUDY ONE: SARAH

#### **Background**

Sarah and her siblings were born and raised in a small rural setting. They lived there until she was ten years old. Sarah's parents divorced when she was three years old. Her mother moved the children and they re-located to a small town, without Sarah's father. Sarah has four siblings, an older sister who shares the same father, and two brothers, each to different fathers.

The relationships within the family are close, with the exception of Sarah's father. Her father does not make an effort to contact her and she feels as though their relationship is "non-existent". Since having her daughter, Sarah does not want her father to see the baby. He has seen her on two occasions which Sarah was not happy about.

*He doesn't deserve to know her at all. If he can just forget about us then he can just forget about her*

Leaving school at the end of year eleven, Sarah pursued a hairdressing apprenticeship where she worked full time until she had her baby.

#### **Learning of Pregnancy**

Sarah was fifteen she met her partner Rangi at high school. The two began a long term relationship, even though her mother did not approve of it. Three years later when Sarah was eighteen she found out she was pregnant with Rangi's baby. Her pregnancy was not planned and came as a shock. She had morning sickness for three months before taking a home pregnancy test. When Sarah told her partner that she was pregnant they talked about it for a long time. They had planned on having a family one day but this was very much in the distant future. Both were against having an abortion but neither of them discussed this option at first. When Sarah and Rangi finally did talk about abortion they realised they felt the same way and could never go through with one.

The reason for Sarah's initial surprise at her pregnancy was the fact that she was using the contraceptive pill at the time. Her doctor had not informed her that drinking grapefruit juice could render the contraceptive pill ineffective. This was something both her and many of her friends were doing.

*...there's this thing that you can't drink grapefruit juice on the pill and I drunk it like there was no tomorrow...when I went to the doctor she was asked what I had been doing and I was like 'Well I take my pill, I think I missed it a couple of times in different months' and she knew that wasn't the likely reason and knew there must be something else so she asked about grapefruit juice...she said 'That's why I tell people to read the fine print'*

Sarah was still very angry about this when I spoke to her. She told me that she had told her story to friends so they would not make the same mistake. She is philosophical about it though.

*I have a saying that if you are going to do what you need to make a baby then it's your fault. I was on the pill and obviously you get pregnant for a reason. I just have a thing; if you have sex then you know that having sex could make a child*

Sarah felt scared when she first realised that she and Rangi were going to continue with her pregnancy. Both were working full time so there were no problems financially but Sarah was nervous about their lack of material possessions.

*I was just freaking out and wondering how I was going to do stuff. I didn't have anything cos we were just cruising at that time and only had our own beds from our own homes. We had like nothing and I wondered what we were going to do*

Telling her mother she was pregnant was difficult. They did not speak for months after she revealed her pregnancy.

*...I hated her cos she was so horrible about it she was like 'no you're too young'...she just needed to get over it, she didn't want me to be like her and get nowhere and stuff...but yeah she flipped out*

While Sarah was angry about her mother's reaction this was only temporary. Since the birth, Sarah's mother has been a major source of support for her and their relationship is much better. One of the reasons why her mother got so upset was that Sarah was repeating history within the family. Both her mother and grandmother had got pregnant at a similar age. She described this as a 'cycle' within her family. Rangi's parents also had a similar immediate reaction when they heard of the pregnancy.

When Sarah told her friends she was pregnant they were not surprised as most of them were mothers themselves. Her best friend and step sister were pregnant at the same time. They were sources of support for her as she got to see them caring for their children before she had her own baby and could also turn to them for advice.

*All my friends were either pregnant or had kids so it was pretty easy...it was like I was old to be having one because heaps of the girls in my form were pregnant, like you would be a minority if you didn't have kids*

Having a baby at a young age was not out of the ordinary for those in Sarah's group of friends. She made it very clear that it is also normal for most young women her age within her community to have children.

### **Pregnancy**

Sarah and Rangi were living at his parents' home before she got pregnant. They moved into Rangi's aunt's house for the duration of her pregnancy. This arrangement worked well as they needed plenty of room to store everything for the baby and as Rangi's aunty did not charge either of them rent they could save money for when the baby came. In addition, they both worked full time.

*...we had so much money it was ridiculous and we couldn't do that anymore, we had to do this, buy this cot, pram and like those things are not cheap but we knew and we had months and months so we put things on lay by to get them out of the way, but yeah we didn't struggle at all*

Sarah continued working until three weeks before her daughter's birth. She chose to work full time, even though she was on her feet all day, so that she would not have to be at home alone doing nothing. They both moved into a rented home just before Sarah had their daughter.

Sarah used a family relation, also Maori, as a midwife during her pregnancy. She did not know her well, as she was from her father's side of the family, but did remember her from her childhood and this helped them to bond. Their relationship was good and the midwife gave excellent care and information. Some of the best advice her friends had given Sarah was to make sure she got along well with her midwife. Her friends told her from experience that choosing the wrong midwife would affect the entire pregnancy.

Sarah attended antenatal classes with her partner and friends. She enjoyed these but her attitude towards them changed when her partner indicated his disinterest in attending them.

*I went a few times but they were always on when Rangi was working late... then I was like 'Nah I don't want to do it without him' cos everyone else had their partners and it wasn't his kind of scene*

While there were other young women enrolled in the same classes as Sarah they did not attend often so she was often the youngest. She was embarrassed when her high school teacher was in the same class with his wife; both were much older than her.

*I felt like the biggest slapper young girl there...I didn't feel like going there cos I was the youngest. Some of them were so old and I was thinking it was a bit old to be having their first child*

Sarah eventually stopped going to her classes and relied on her midwife and friends for any maternity information she needed.

Friendship was an important part of her pregnancy. Advice and personal experience were a valuable source of support. Having time away from her partner and work was relaxing for Sarah. She found that best way to do this was spending time with her friends, often those with children of their own. This helped her to prepare for the arrival of her daughter.

Sarah's stress levels were high during her pregnancy although she did not realise it at the time.

*...my hair was falling out and I got dermatitis all in my hair but my boss reckons it was because I was working...I didn't feel stressed out but I must have been from being pregnant, Rangi and work cos I had heaps of stuff going on*

Sarah was protective of her unborn baby. She talked about many instances where she put her baby first and this was clear in her stance against drugs and alcohol consumption. Sarah found out she was pregnant three months along and was lucky that she did not consume alcohol during that time. Both her and her partner abstained from alcohol during her pregnancy. Her attitude was strongly against those mothers who drank and smoked during pregnancy and this was something she was passionate about.

*...well you know Rangi's mum, she's pregnant and she was out the other night sculling alcohol and you can clearly see she's pregnant...that's like my friends smoking while they were pregnant and I just think that is so selfish, when your smoking your baby's smoking and I just think that's so selfish*

Sarah consciously looked after herself throughout her pregnancy. She exercised regularly and made sure she was careful with what she ate. She was careful not to get depressed and stay home doing nothing, as she had seen many friends go through similar stages. The changes in her body and weight were significantly different to that of her friends.

*...when she started kicking and stuff I was like 'mean I don't care that I'm getting fat now'. I didn't care how fat I got cos it just meant that my baby was growing*

As a pregnant young woman Sarah knew she would get reactions when out in public. Working full time meant she got plenty of comments from older customers who came into her work.

*...all the old people would just automatically ask if I was married and I was like 'No', they would be like 'Oh so when do you get married?' and I'd be like 'Do you see a ring on this finger? No'*

Being treated this way was unpleasant but she was not too concerned as she is a very confident young woman, something which was evident when I spoke to her. Although Sarah did not like the comments she received from some of her customers she understood where they were coming from.

*I understand how they feel cos they were like the old generation who have to get married before they do that*

The amount of support Sarah received from her friends and family was sufficient during her pregnancy. When I asked which type of support she would have liked more of she replied that material support was sometimes lacking. It is unclear who she felt was not providing her with this support. However she did indicate that Rangi's mother was very supportive and would always buy things for them. His mother made dinner for Rangi and Sarah every night for a week after she gave birth so they could focus on their daughter.

*His mum was always there helping me and making sure I was ok...I'm just a really independent person and I don't like people helping me. But if I did need help there would be someone there*

## **Birth**

Sarah gave birth to her daughter in a public hospital. This was the only birthing facility available. Sarah wanted to have a water birth but this did not turn out how she planned. Her midwife had filled up the bath and Sarah attempted to get in many times but her daughter was not ready. When she did eventually give birth it all happened too quickly and she was unable to move to the bath in time.

Sarah planned for her partner and midwife to be the only people present when she gave birth. Her mother had asked many times if she could be present to watch the birth of her first grandchild but Sarah was not comfortable with her being there. They did not have a very close relationship after announcing her pregnancy so things between the two were still tense.

*My mum and them wanted to be there, only if Rangi wasn't there. If he wasn't I would have killed him. I only wanted him and my midwife. I would have only had him if I could*

Sarah was the only mother who indicated to me that she had a Maori midwife. She found the care she received was better suited to her than the treatment her friends received from their midwives. Sarah described to me how her midwife gave excellent care and advice.

*Heaps of my friends had epidurals and I wanted it but she was like 'No, you don't need it'. She was a Maori midwife...my other friend had a Pakeha midwife and she just gave her so much stuff that she didn't even need. I was asking and she was like 'No, you can do this'. Thank god she did it; afterwards she was like 'See you did it without anything'*

According to Maori birthing traditions the placenta is buried somewhere special to the family. Sarah and Rangi decided that this was something they wanted to do.

*They take the placenta away and I have that in Rangi's grandfather's freezer because were going to take it up the coast and bury it*

She was the only mother I interviewed who indicated to me that she followed any type of Maori traditions when it came to the birth of her baby.

Throughout our discussions Sarah would often tell me about the advice people had given her regarding their own birth experiences. She felt more prepared with the advice they had given and this support was considered invaluable. Her friends had given her advice that her midwife also brought up during her birth experience.

*My friends were like 'Sleep and eat otherwise you'll be spewing up nothing'...My midwife was like 'You're going to spew so you need to drink something' and I spewed up heaps of juice and water. I wondered why people spewed and my friends were like 'We told you that you need to eat and drink heaps cos you'll spew and it will hurt like crazy'*

Rangi's mother informed Sarah that she should get at least one stitch after giving birth so that her body would heal quicker. Sarah followed this advice, even after her midwife told her she did not need it. Her body healed faster than a close friend of hers who took months to heal after going without stitches.

### **Caring for the child**

While Sarah did not go into much detail she did indicate to me that her partner was violent towards her. Rangi was violent before she got pregnant but it only got worse after her daughter was born. They broke up after a few months and Sarah moved in with her step sister, who has four young children herself. When I asked her how their relationship was like at the time I interviewed her she was highly emotional.

*Not good. He's still a crazy, psycho, freak, jealous. I could be friends with him but he won't. It's going to take him a long, long time to grow up*

Since breaking up they have shared child care of their daughter. Sarah is the main caregiver and Rangi sees her whenever he gets time to. His relationship with their daughter is something that Sarah does not take lightly. Growing up with irregular contact with her own father had left a negative impact on her life.

*...if he isn't in her life permanently before she's two then I'll move away and he'll never see her again. That's what my dad did to me, going in and out of my life*

Attempting to set a routine where both Rangi and Sarah shared child care of their daughter was proving difficult. Rangi would care for their daughter on weekends and there were problems with this, involving his parenting techniques. He would not practice the same rules that Sarah tried to instil and this was frustrating once her daughter was back in her care.

*I know he gives her what ever she wants cos he feels stink that he never has her...he says he doesn't want to growl her but he has to cos we can't just have it all over the place*

It was challenging trying to figure out how best to bring her daughter up in terms of the ethics she felt were important. Watching her family and friends bring up their children taught Sarah what she did not want to do and that was spoiling her.

*I try not to spoil her and that's a real hard thing for me. I want to spoil her and give her everything I didn't have. I can give it but I just don't because I know what it can do to her...I want to spoil my daughter rotten but I won't because I know that would just wreck her*

After leaving work, Sarah was on paid parental leave for two months. During this time she struggled to cover all the costs necessary for herself and her daughter. When Rangi and Sarah were still in a relationship he worked full time so they were able to live on his earnings. Since their break up Sarah has been relying on the domestic purposes benefit. This is enough to live on for the two of them but is not ideal long term. Rangi was still working full time but did not give any of his income towards child care costs.

*He wouldn't give me one dollar because he would think I'd spend it on myself and not her...he has heaps of money and he just spends it on himself*

After Sarah gave birth to her daughter she continued to get comments from older people who she did not know. When people looked at her and her baby in public she remembered feeling physically sick. She believed she was not even as young as some mothers who were years younger than her.

### **Education**

Sarah left high school when she was sixteen. She did not enjoy school and felt that it was not for her and just a waste of time. She began a hairdressing apprenticeship and stayed employed as a hairdresser for three years until she found out she was pregnant. The apprenticeship she was promised was never implemented so while Sarah had a job she had not been gaining qualifications. Sarah did regret leaving school early but it was not for her.

*...I just hated school I'm just one of those people...but I wish I had gone more hard out, but you always wish that when you get older*

In hindsight, Sarah realised that leaving school early was a bad choice. She had other plans for herself if she could have changed her past. These plans, however, would not have included returning to high school.

*I would have started my kindergarten teaching course then and not went to work. I would have gone to university or whatever to get the qualifications. I would not have done what I did*

Sarah was able to see the positive side of the decisions she had made. She felt that leaving school provided her with experience that she may otherwise not have got.

Life goals had changed for Sarah and she is now dedicated to pursuing her education. This has meant enrolling in a kindergarten teaching course. This had not been a career aspiration for her previously but had become one since having her daughter. Sarah originally wanted to spend her daughters first five years at home with her but financially this was impossible due to her return to education.

*She'll go into childcare every day which I'm not too keen on but she just has to. There's nothing else I can do and I don't want to wait any longer cos I'm getting older. I wasn't going back to study until she was at school but I just can't support her*

Sarah wants to provide a better and well balanced life for her daughter. She also looks at her own upbringing as enough incentive to do things differently.

*I want to stop the cycle of my family because it's been my nana on the benefit with no qualifications, then my mum...I feel so sorry for her cos she can't even support herself and it's so hard and she's too old to start anything (qualification) and I just won't do that to my daughter. She's going to have the best life...like mum never had money for us to get stuff, like stuff for school. She could never afford netball shoes so I couldn't do netball. I want to make sure she can do all that*

## CASE STUDY TWO: MICHELLE

### Background

Michelle comes from a family of five, her parents and two younger sisters. One of her sisters unfortunately passed away shortly after Michelle gave birth to her son. She has extended family living close by and they meet regularly for gatherings. Her immediate family are extremely close, especially following the passing of her sister. Michelle's partner Thomas moved in to live with her family shortly before she fell pregnant. It was a temporary arrangement at first, as he was having problems at home with his mum. He has been living there ever since.

Michelle's mother had her first child at the age of seventeen. She was living in Samoa at the time and returned home to give the baby up for adoption. This was not well known within the family and Michelle's younger sisters did not know they had another sibling.

Michelle found out she was pregnant at the beginning of her Year thirteen. This was just ten days after her seventeenth birthday. Her life goals before getting pregnant were to travel and study and this is something she was still working towards.

### Learning of Pregnancy

Michelle and Thomas were in a long term relationship when she found out she was pregnant. It is unsure if Michelle was using contraception at the time. Pregnancy was unplanned and both were quite shocked when her pregnancy test came back positive. Thomas is a Mormon. He was the main reason she continued with her pregnancy after she told him.

*...He was really shocked; he was just crying and stuff. He's Mormon so it is their belief that you don't have abortions and it was actually him that convinced me to keep him*

Although Michelle herself is not Mormon she respects her partner's beliefs. When she found out she was pregnant Michelle admitted her original thoughts were to end the pregnancy with an abortion.

Michelle's mother guessed that she was pregnant before she had the opportunity to tell her. She suffered from a lot of morning sickness and this gave her pregnancy away. Her mother thought that she would have an abortion. She waited until she was twelve weeks along to make the decision to keep the pregnancy. Only then did she tell her father once she knew she would keep her baby. This was hard but his reaction was really positive.

*When I did tell him he was really happy and had a smile on his face.*

*He said it was about time he got grandchildren*

Michelle's youngest sister was happy about it as she did not quite understand her sister's pregnancy and what it meant. Her other sister, was not as comfortable with the situation.

*...she was really scared for me. She really liked children and before I got pregnant she always used to tell me 'Hurry up and have a baby' but then when I got pregnant she was really scared and used to cry a lot*

Michelle's grandparents were very disappointed in her pregnancy as they had already been through it before with their own daughter, Michelle's mum. They wanted her to have an abortion but have since supported her decision to keep the baby.

Her friends' reactions were positive but their relationships became awkward due to their different lives and priorities. She only revealed her pregnancy to close friends and everyone else at her school found out through gossip.

### **Pregnancy**

Michelle was working part time at a local supermarket when she found out she was pregnant. She soon left this job and also pulled out of high school.

*Well I could have stayed cos no one made me leave but I didn't want everyone to see me when I was pregnant and be like 'Oh yeah there's that pregnant girl' ...I just left school and stayed home all day*

Michelle felt highly embarrassed when she was pregnant in public and thought people were judging her so she opted to stay home during the first six months of her pregnancy. Michelle began working in a movie theatre during the last three months of her pregnancy.

*My boss was good though, when I went in for a job interview I told her I was pregnant and that I would only be there for about three months and she was fine with that*

The reason behind Michelle's decision to return to work had to do with boredom and having nothing to do with her time. Her boredom at home was often marked by loneliness. Michelle's partner Thomas worked full time and supported her financially along with her parents.

Michelle's partner Thomas was very supportive during her pregnancy and both felt that their relationship was strong.

*He was always there to talk to and when I used to get annoyed and think it was hard he would just remind me that things were bad now but they would get better*

Having someone to talk to was important for Michelle and helped to relieve any stress or worries that she had.

Maintaining friendships was difficult for Michelle during her pregnancy. While her own social life had become limited; her friends were socialising frequently and continuing with the lifestyle Michelle had previously led.

*It was a bit awkward. They would come over and we didn't really have that much to talk about. They would ask how I was and stuff but I*

*didn't have much to say cos I was just at home doing nothing. They didn't like to talk about what was happening at school cos they knew it would upset me.*

Michelle's health was fine during her pregnancy and she looked after herself well. Before she fell pregnant Michelle would socialise and drink occasionally. Since her partner was Mormon she reduced the amount she drunk and then stopped immediately when she found out she was pregnant.

Michelle and her partner both attended antenatal classes together. Her midwife told her that there were classes available exclusively for adolescent mothers but that she would be better off not attending these. They chose to go to the mainstream class with first time mothers of all ages. Her experiences attending these were not enjoyable as she felt awkward among older mothers.

*If I could go back I would have done the one for young mums cos I always felt really awkward in mine with older people. I always felt that they were looking down on me cos I was young and staring at me*

## **Birth**

Michelle planned have her son in a private birthing clinic but due to complications she had to give birth at the hospital. She was in labour for sixteen hours. During this time she was given gas for pain relief. Her son became agitated so she was taken to hospital for a caesarean.

*It went for too long and then at fourteen hours they gave me an epidural so I got a bit of a break. It's kind of weird though because I didn't feel any pain during the caesarean so I've only really been through half a birth*

Michelle considered her experience as having only gone through "half a birth". She did not feel as though she had given birth properly like most others mothers do.

During labour Michelle was surrounded by members from her and Thomas's family. Michelle found the support from her family was essential to enjoying the experience.

*They were there to hold my hand and they went and got me food and lollies all the time*

However, only Thomas was allowed into the operating room when Michelle had her caesarean. His support helped Michelle to get through her experience without too much stress.

### **Caring for the child**

When Michelle gave birth to her son she did not realise how much love she would have for him.

*Like when he was born it was just instant, this love for him. I never expected that, like for it to be so strong*

Michelle was as prepared as she could be for her son's arrival, but the affection she felt was overwhelming. The attention she now devoted towards her son affected the relationship with her partner, Thomas. Both were prepared to take care of their son once he was born, but realistically Michelle was the main caregiver as Thomas worked full time to financially support them. Michelle and Thomas had never considered that their own relationship would change after their son was born.

*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*

Stress had affected Michelle while caring for her son, although this was on the rare occasion.

*I have been really stressed out with him, like about five times, where I've had to just leave him with someone and go away, but that hasn't happened that much*

The three of them were living with Michelle's parents in the family home. They paid rent but her parents would give them food and were always around to care for the baby. Thomas has a sister with a four year old son, she was more than happy to care for their son when needed.

Michelle found breast feeding difficult and needed help. On the recommendation of her midwife she sought help from Family Start. A female worker came to her home and taught Michelle how to breastfeed properly. The worker visited often after Michelle had her baby.

*Because he was a newborn I was unsure what to do. They taught me some games and stuff to play with him. I liked it when he came around because I was sick of being home by myself all the time. It was company plus what he taught me was useful*

### **Education**

Michelle had just started her final Year 13 high school year when she found out she was pregnant. She left her high school soon after.

*Well I could have stayed cos no one made me leave but I didn't want everyone to see me when I was pregnant and be like 'oh yeah there's that pregnant girl'*

She had the option of attending a teen parent unit at her high school but decided against it. Her plan was to wait until her son was old enough and then return to her education.

At the time of our interview Michelle had just completed a nine month long tourism course. She had classes all day during the week. She found the course was intense but persevered.

Michelle put her son in childcare when she attended her course. She felt guilty about it and did not like being away from him for extended periods. Now that she had finished her course she wants to take him out but realises that this is not fair on him.

*His social skills have improved so much...before he went in he just used to hit the other kids because he didn't know how to share...now he's made friends there and I don't want to take him out*

Continuing with her education was something Michelle saw as a huge benefit for her son's future. She was completing the goals she had earlier set herself and this would impact on her son in a positive way.

*I think he will have a better mum because of it. I'm less stressed and I'm doing something I enjoy*

Support influenced the way Michelle raised her son. Her partner Thomas was supportive and family members were more than willing to help out where they could. They were extremely proud of her return to education.

*They were just really supportive. My parents like the fact that I was out of the house actually doing something*

She and Thomas plan to move out of the family home together in the near future. They wanted to move into a flatting situation with close friends who got on well with their son. Her goals for the future were to find a full time paid job in the travel and tourism industry. Travelling with her partner and son was something she also felt was important to their life.

## CASE STUDY THREE: LISA

### Background

There were six people in Lisa's family including her parents. Lisa had three older sisters, all of whom were mothers; two having become mothers while still adolescents. The girls had been brought up in a city but her parents had recently moved to a rural area. Lisa's sisters continued living where they were brought up but she and her partner made the move with her parents. Her parents are still married and their family are very close.

### Learning of Pregnancy

Lisa had been feeling sick for awhile before she confirmed her pregnancy at the doctors. She was fifteen years old when she found out she was pregnant and sixteen when she gave birth to her son. Her partner Eruera was three years older. Lisa and Eruera had been in a relationship for a year before she got pregnant. They had discussed the possibility of having children but this was a plan for when they were older.

*...I think we knew we could get pregnant but just didn't think it would happen, we did use contraception in the beginning of our relationship like most of the time but just stopped really*

Eruera was not pleased about Lisa getting pregnant. He wanted her to get an abortion, something which she initially agreed to even though she knew she would never do it. Lisa had explained that they were both responsible for the use of contraception and knew there was a possibility they could get pregnant.

*...he was a bit shocked...I knew that I didn't want to have an abortion but my partner wanted me to kind of so I just kept saying that I'd keep thinking of it but I already knew that I was going to keep him*

Eventually Eruera got used to the idea that Lisa was pregnant and they decided to tell her parents. Her partner was very worried about this but Lisa was relatively calm. Two of her sisters had been adolescent mothers so her parents had dealt with this

before. They were always there to support her sisters so the same was done for Lisa. Their grandmother had not been so supportive so Lisa did not tell her. When she did find out she was very upset; however she too supported Lisa.

Lisa had plenty of friends back home she was still in contact with. They were rather casual in their reaction to her pregnancy but were there to support her when she needed it.

### **Pregnancy**

Lisa felt she had no choice but to rely on her parents for financial support during her pregnancy. Because she was fifteen when she got pregnant she did not qualify for the domestic purposes benefit. Eruera was studying at university at the time and was eligible only for a small student allowance which was not enough for them both to live on. Lisa's parents covered all of her expenses and brought everything needed in preparation for her son.

Lisa's mother was a midwife and gave her plenty of reading material so she was able to prepare for the birth and caring for her baby afterwards. However Lisa did not use her mother as her own midwife but another woman to whom she was referred. As well as her mother and midwife, Lisa had the support and experience from her two sisters. They gave her all their old baby clothes and talked to her whenever she had questions.

Lisa would socialise regularly while she was living in her home town and before she got pregnant. Both Eruera and Lisa would drink alcohol and smoke cigarettes socially, but this ceased when they moved as they had no friends to do this with. At least initially, they did not miss the social life they had had in the city.

### **Birth**

Lisa gave birth to her son at a birth care clinic. She had plenty of people attending including her parents, sisters, partner, niece and best friend who had all come from their home town in anticipation of the birth. Lisa would not let anybody do anything for her during her labour as she did not like all the fuss being made. She did not like

her family and friends just standing around waiting so she made sure they were busy doing other things. During the actual birth Lisa only had her parents and midwife in the room with her.

Her midwife did not want her to have any drugs. Lisa had not planned on asking for drugs but when the pain became too much she did ask for them. Her midwife did not change her mind and kept trying to delay using them.

Lisa had seen each of her nieces and nephews being born so the whole process was of no surprise to her.

*You can't really explain how sore it's going to be so even though I've seen it all I didn't know how it was going to feel...it seemed bad during the birth but as soon as I had baby I just couldn't even remember how sore it was*

### **Caring for the child**

Lisa and her partner Eruera continued to live at home with her parents after she gave birth to their son. This arrangement was perfect for Lisa.

*I think it's really helpful, especially when he was just little. Mum would help me do the washing for him and make dinner for us. I didn't have to stress out too much*

Her parents and sisters were more than willing to take care of Lisa's son. Her partner also took care of him when she needed a break. The crèche staff at school were trusted to care for him when they both attended school during the day.

When I spoke to Lisa, her parents were about to move overseas. Lisa and Eruera were able to stay in the house without paying rent but they could no longer rely on her parents for further financial help. Moving closer to town was not an option as their rent was free, but covering costs such as food and transport was another stress for Lisa and Eruera to handle. They were living a forty-five minute drive to the nearest city

where they both attended school. Getting to school everyday with her partner and son was an effort, not only getting organised but also the financial cost of petrol going back and forth.

Fortunately Lisa was now old enough to receive a benefit. She also qualified for a Student Allowance which she had only just applied for at the time of our interview. Her partner also applied for one but was declined because he had not completed his university course. Lisa felt as though it was difficult to get access to the financial help she was entitled to.

*They are not very helpful. They tend to group everybody and I think they need to look at each individual case and their certain circumstances. They don't seem to care about that kind of thing... When the woman told us he couldn't get the Student Allowance it was pretty stressful and I don't know if we can get anything else. I'm pretty sure we can't but I have to ask*

Moving away from their social networks had affected their social life. Lisa mentioned how much she missed her old friends many times during our interview. Socialising was no longer an option for Lisa and Eruera. While they would have liked to have been more social, it was something they could not do as easily as before their son was born.

*I have found that I have to be more planned for the future and even just for the next week...everything has to have a point or a purpose or you just can't do it. You can't just randomly decide to go somewhere it has to be for a reason*

Lisa had plenty of experience looking after her sister's children before she had her own son. Getting her baby into a daily routine had helped make caring for her son easier. She had learnt to do so after watching her sisters with their babies. The experience she had was something she realised she took for granted.

*I didn't know that some people just don't get the whole baby caring thing, like my neighbour has just had a baby and she keeps asking really stupid questions. Yeah I didn't know that it was special, well not special but you were lucky if you already knew how to care for children. I just thought everybody knew how to do it*

## **Education**

Lisa was enrolled in a correspondence education course before she got pregnant. She did not like this course and failed to complete her assignments. Attending a mainstream school did not work for Lisa either; she had problems listening to her teachers. Until she fell pregnant, Lisa felt lost when it came to her education.

When she was eleven weeks pregnant Lisa enrolled in a Teen Parent Unit. She became more focused on what she wanted to do with her life and was going to school each day rather than staying home doing nothing.

Lisa's partner Eruera made the decision to return to school with her and attend the same teen parent unit, as the only male student. Pressure from her parents and doing the right thing for his family was behind his return.

Lisa's family and friends were very proud of her return to education. This was encouraging for her and kept her motivated.

*...I think it's great that I came back and everyone else does too...Really supportive and they are all really proud that I came back, like my sisters and that. My sister who had her baby left school and didn't go back there and I think she wished she had now*

Attending a Teen Parent Unit was particularly helpful for Lisa. She had not done well in mainstream or correspondence education so finding something that suited her was helping her towards a better life.

*...You get support from the teachers and the students and you can become friends and then you become support for each other...Yeah I really like it here. They're not like normal teachers, they're just good...They care about you more here, care about what happens to you more than I think other people might*

Lisa was inspired by her son in her life to keep going to school each day. She realised that her parents could order her to go back to school as much as they wanted but in the end it was up to her. The only thing making her attend each day was the future of her son and providing for him.

*Well hopefully it makes it easier for him. Hopefully by me coming back to school I can get a good job and then buy a house and then hopefully pay it off and then he won't have to start from scratch. Hopefully it will make a good base for him to grow and all that kind of stuff*

## CASE STUDY FOUR: KIM

### Background

Kim came from a large family with many siblings. Her parents separated when she was younger and her father located to a bigger city after getting a promotion. Kim's mother moved her and her siblings to live closer to their father as the children were missing him. The youngest sister was adopted by another member of the family. Her mother had three children, previous to meeting Kim's father, before she was eighteen years old. These three half siblings were put up for adoption as Kim's mother had no support and could not look after them by herself. A history of adolescent pregnancy ran throughout Kim's family.

*Yeah my mum and I think my grandmother as well. Yeah my grandmother had my mum at fourteen but my grandmother gave my mum to her mother. I think some of my other aunties had my cousins at a young age... We have quite a long history of young parents*

Kim was also fourteen when she got pregnant. She was fifteen when she gave birth to her son and seventeen at the time of our interview.

### Learning of Pregnancy

Kim and her partner Andrew had been in a long term committed relationship since she was thirteen and he was fifteen. Two years into their relationship she got pregnant and Andrew supported her decision to keep their baby. She and Andrew had a break from using contraception; it was during this time that she thought they could not have children.

*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*

When I asked Kim if she was consciously trying to get pregnant she gave an ambivalent response.

*No I didn't want kids until I was 25. I had told him that if I was to get pregnant that I would keep it but I said that because he said if I was to get pregnant that he didn't want it. I only said that to sort of scare him.*

It is unclear if Andrew had any idea that Kim was not using contraception.

Kim's sister was the first family member she told about her pregnancy. Her sister had previously had an abortion so Kim felt she could discuss her situation with her.

*I was like "Oh I don't want it" and then she was like "Oh yep I'll go and make an appointment to go and terminate it"*

Kim revealed her pregnancy to her mother just before she went in to have an abortion. It was her mother who convinced her not to go through with it as abortion was something she was strongly against.

*Me and my mum were just sitting down one time and something kept saying 'Just tell mum, just tell mum'...I ended up telling my mum so she took me for a pregnancy test the next day...my mum just cried*

Kim's mother was disappointed in her daughter. After she had time to think about her daughter's pregnancy Kim's mother was very supportive and began to see the positives in the situation.

*...mum started to get a bit more happy about it saying 'Oh it would be nice to have a baby around the house' and a grandchild and my mum took it a bit hard at first but then later she was happy about it*

When Kim and her mother told Kim's father about the pregnancy he thought it was a joke at first. When he did realise she was telling the truth he was also not happy about

it. Kim told him he did not have a say on the matter and he just had to accept it. Her father is Asian and as a part of their culture it is excellent to have a son as the first born.

*He got used to it...he was really happy when he found out I was having a boy*

Andrew's mother was supportive of Kim's decision to continue with her pregnancy. She talked openly with Kim and Andrew about it and insisted she was always there for them.

*I used to go over there and she just used to be there for me, someone to talk to. I could talk to my partner at the time but not in a way where he would understand. He would listen but not understand what I was going through and his mum would*

### **Pregnancy**

When Kim found out she was pregnant she was living at home with her mother. She stayed there for her entire pregnancy. Her three younger brothers and one of her sisters were also living at home. Andrew was living with his mother and was very supportive of Kim.

Andrew was studying full time throughout Kim's pregnancy so was not able to provide for her financially. She could not rely on her mother either as she already had her own children to take care of. Kim began working full time at a café where her mum had a job. Kim only worked in order to buy the things she needed for her son once he was born. She finished working at eight months when she got too big to continue. As she was too young there was no possibility of getting a benefit. After searching for some type of financial help with her mother, Kim found she could get a small amount of money each week until she was eligible for a benefit.

Kim had very high stress levels throughout her pregnancy. This was something she felt she had no control over. She would raise her voice at her siblings and get angry

over small things. She realised this was not good for the baby but she could not stop her anger.

*Even though I didn't want to I just had to and it would piss me off and we would start fighting and I would yell at the top of my lungs. I was like 'Far this aint good for baby' cos if you stress, baby can stress too...I used to be like that but not as bad (Before pregnancy). I think it was cos of my pregnancy*

Kim drank alcohol and smoked both cigarettes and marijuana without her mother knowing for four years before she had her son. Kim eventually gave up in fear of what she could do to her unborn child.

*I used to drink alcohol but when I had my baby I stopped all of that. I had been smoking cigarettes since I was eleven. I gave up just for my baby because I was scared it might come out handicapped...But my son made me stop drinking, stop doing marijuana. I didn't really like doing marijuana at first but cos my mates do it, it was like peer pressure so I was only doing it because they were doing it. I'm glad I stopped smoking*

Kim was very cautious about her dietary habits for the health of her baby. She read plenty of books about pregnancy and ate all the foods recommended. She had a midwife but spoke very little about the care she received from her.

Friendships with those people she thought she was close to before becoming pregnant soon ended. Kim came to the conclusion that these people who she had previously called friends were not good friends. They had abandoned her when they found out she was pregnant and she no longer wanted them in her life. While Kim did not mind staying home while she was pregnant, she did admit to feeling left out at times when she saw her sisters getting ready to go out.

Kim got great emotional support from her mother in law to whom she was close. Although her own mother was supportive, she did not feel confident in approaching her for emotional support.

### **Birth**

Kim's birth plan was to have her baby at a birth care clinic. She wanted her mum, sister and her partner at the birth. Her partner's mother attended the birth, which Kim was not happy about but felt that she had no say. Andrew's friends were also among those who attended Kim's son's birth without her consent. They both arrived at her home when she was going into labour and went with her to the birthing unit. Kim describes how awkward she felt about this situation.

*...so it was Andrew's best friend and his other mate. I have never even met him in my life and he was at the birth... Well I don't even know why I didn't tell them to get out but I was just in too much pain... Now I get embarrassed. When I think about it I get really embarrassed*

Her partner, Andrew, did not help Kim out when she asked him to tell his friends to leave. Her feelings of embarrassment are something that will always be associated with the birth of her son and is something she regrets.

The nurse asked Kim if she wanted to have a water birth but she opted not to. She now regrets this after listening to her mother's advice not to have one. Her mother also told her to use gas during her contractions if the pain got too bad. This helped for a while but as the pain got worse Kim went without. It was not until after she had her baby that she found out you could ask to have an epidural. Due to her shyness Kim was actually waiting to be asked. When she did ask the nurse refused to give her one as she was too far into labour.

Kim had a stressful birthing experience when her midwife was unsure of what to do when she had complications.

*When his head came out he got stuck and my midwife didn't know what to do. She was trying to pull him out but she couldn't... he was going*

*all purple and stopped breathing and she went out to go and get another nurse and this lady came and saw that the head was just out and turning purple...I was on my back...so they turned me around and I was on my legs and baby just came out. It was lucky cos my midwife didn't even know what to do*

Kim held on to this negative experience and felt uneasy about the whole situation. As her son was a big baby she was unable to walk for two weeks following his birth. Her uterus had been stretched and left her with a lot of bruising. Kim's mother and partner had to take care of her and her newborn son during this time. They had both been supportive during the birth also. Andrew had got her drinks and applied cold flannels to her head while Kim's mother gave encouraging words to keep her pushing.

### **Caring for the child**

After having her son, Kim moved into her aunty and uncle's home where there was more room for the two of them. Kim broke up with Andrew soon after their son was born but their friendship is still strong. While they are no longer together, Andrew always tries to help Kim out when she needs money for anything.

*...When I had no money this one time he just came over and brought baby this nice as swing. I asked him where he got all the money from and he said he got it from this diving course he was in. He went on the course so he could get a loan*

Andrew got himself into debt in order to provide for his son. Kim spoke very highly of him as a father and mentioned that anything he did was always with their son in mind. She was now old enough to receive a benefit so Kim was more financially stable and no longer worried about money.

Kim was very mature for her age and she had an adult perspective on her and Andrew's previous relationship with each other. Both would argue constantly when they were together and since living apart their ability to communicate had improved.

*I hated it cos baby was around it and its better now just how it is...we can talk without getting into an argument. We can talk better and understand each other better now that we aren't in a relationship. We only did it for the baby too. I didn't want baby around us arguing all the time*

Andrew was an excellent father and had a strong bond with their son. The fact that Kim and Andrew are good friends helps them share the care of the baby. Kim insisted that Andrew is welcome to see their son whenever he wants and she would never deny him from that.

Life had not changed that much for Kim since she had her son; if anything it had got better. Being with her son each day encouraged her to go to school and provide a better future for him. When he was first born things were not as easy though and Kim felt exhausted and overwhelmed for a short period.

*...even though I was fifteen it was like I was twenty something just because of what was going on at the time. I had a baby there and I had to look after it, feed it, change it, know what was wrong with him, what he wanted and I felt a bit old*

At times Kim needed someone to take care of her son and there were plenty of people who were available to do so. Only certain people were trusted to care for him and this network of support people made up a quite organised childcare plan.

*Usually my little sister has him...then my older sister has him when she has her days off but she works every weekend. My mum has him usually on a Friday if she can. Baby's dad will have him all weekend if he doesn't have work on Sunday. My mother-in-law will have him on the weekends if she can*

Kim's midwife organised for her to get in touch with Family Start. She had a worker from the social service visit her home to discuss how they could help her. Kim decided she did not need their help and could manage fine on her own.

*I just didn't need their help so I just pulled off. I found them quite nosey too like when they came over they would ask loads of questions*

### **Education**

Kim had always enjoyed attending school. One of her goals was to complete her education and graduate from Year thirteen. Most of her female family members had not made it that far so she wanted to be one of the first. It was not until the end of her Year nine that she got involved with the wrong people and began skipping school. During her Year ten, Kim started to try harder at school but then got pregnant in the summer holidays and decided to leave.

Kim made the decision to return to her education after the birth of her son. While she had never anticipated going back to school, she was inspired when she saw other mothers returning.

*I just got bored at home and I had no friends and I was just bored staying home and doing nothing so I found out that a mate of mine was coming here so I just thought 'That would be cool'. I could like catch up and I just wanted to have friends. That's really the reason why, friends and my son. I thought if they have kids and they can educate themselves then I should be able to, so that's why I came back to school*

Kim was in her second year at the Teen Parent Unit. Attending education everyday was challenging at times but Kim managed to stay focused on her goals.

*Yeah it's hard when you're trying to come to school everyday and you know you have this assessment to sit and baby gets sick and then you have no one else to look after him. My sister is at work and my mum's at work and baby's dad is at work and my mother-in-law had a baby at that time too and it gets really challenging cos I knew I had to sit this assessment but I can't take baby to school while he's sick...Just trying to fit in with school but when baby is sick also, that's the only thing that I find hard*

The people in Kim's life were very proud of her decision to go back and complete her education. She had a lot of support from her mother and her son's father which was encouraging. During her pregnancy Kim had received unpleasant comments from people but this had since changed now that she was making positive changes.

*I used to get negative comments about myself but ever since I came back to school, some of the people are like 'Oh yeah she's an alright mother even though she's young, she's going back to school so she can get an education'*

Kim was looking forward to the future she was making for her son. She had goals and these kept her striving at her education each day, no matter what challenges arose.

*That I will be financially stable, that what ever my son needs I can get it...yeah that's the main thing I want... That's why I wanted to continue with education and stuff so that my son can have what he needs, without me having to borrow money off someone, or having to try to find a way and not getting all stressed out about having to get something he needs*

## CASE STUDY FIVE: JADE

### Background

Jade and her siblings were brought up within the Mormon Church. Her parents had leadership roles within their Church for fifteen years, but had since left and moved to a nearby suburb. She has two sisters and one brother and considers her family to be very close. Jade's three siblings all live together in their parent's home with their children.

### Learning of Pregnancy

Jade is the only mother in the study with two children, an 18 month old son and a 2 month old daughter. For the purpose of my research I choose to focus most of our interview around the experiences of her first pregnancy.

Before getting pregnant, Jade had various goals and plans for her life. She was an excellent dancer and had just qualified for a dance scholarship at a university. She had planned to take a break after completing her Year 13 at high school and then begin classes in the New Year. However it was during this summer break that she fell pregnant. Jade was using contraception at the time she first got pregnant but it is unsure if she was using this incorrectly or irregularly. After the birth of her first child Jade stopped taking contraception altogether on the advice of her brother. He had just returned from his Mormon mission and told her that using contraception would affect God's work and it was not her decision to make as to how many children her and Tim have together.

Jade was seventeen when she first got pregnant and in a long term relationship with her partner Tim. Tim was really pleased when he heard about the pregnancy.

*He was so happy and over the moon he wanted to tell everyone. He couldn't believe that he was going to be a father and I was having his baby*

Jade's mother had a different reaction and was not happy about the pregnancy.

*My mother was not happy about it for a long time. She took it really hard as she wanted more things for my life before I had children. It wasn't until I was about five months and getting bigger that she realized I was going to have my baby and she began supporting me*

When I spoke to Jade she felt that her mother reacted this way because of their family's position within their church. Her family were well known and highly respected within the Mormon community so a teenage pregnancy out of wedlock was looked down upon. Jade's father was more supportive of the pregnancy right from the beginning.

When she would attend church she felt judged by others all the time.

*I never heard people talking about me to my face but I just knew they were whispering about me. I had the usual questions like 'Oh are you pregnant?' or 'Who is the father?' and 'Is he a member of the church?' things like that*

However Jade's friends were very happy for her and supportive of her decision to continue with the pregnancy.

I asked Jade if she ever considered terminating her pregnancy. She did not need any time to dwell on her answer.

*Having an abortion or anything like that was never an option for me. In the church every child is a gift given to you so that's something we don't believe in. If it was supposed to happen then it will*

### **Pregnancy**

Independence was the reason behind Jade's decision to move out of her parents' home. She moved into her partner Tim's family home where there were many other

family members living, including a number of children. This arrangement lasted for Jade's entire first pregnancy until they moved into her parent's home with her family.

Jade was on the unemployment benefit during each of her pregnancies. Her partner, Tim, worked full time for her father after she ordered him to get a job to support their family financially. After the birth of their second child, Tim decided to leave his job, and Jade told him to move out of her family home until he had secured another full time job. An issue that often came up in their relationship was money and Tim's inability to save.

Jade felt that her partner Tim was supportive during her pregnancy. Tim was always there for Jade when she needed it and this support was part of the reason their relationship worked so well. She was well aware of his dedication to her and how fortunate she was.

*I always had my partner there with me so I never felt bad for being a young mother because I had him there all the time next to me which a lot of other young mothers don't have*

The friends who had always been in Jade's life were always supportive of her but their friendships did change. She found that their priorities were different and they often could not see why she was no longer interested in the same things.

*They were often in a totally different stage in their lives and I didn't relate with them*

Before becoming pregnant Jade and her friends would socialise every weekend. This involved drinking alcohol, which is something that is not tolerated by the church. During her pregnancy and following both the births of her children Jade did not drink any alcohol.

Jade used the same midwife as all the females in her partner's family.

*...She was great and I knew I could ring her whenever I wanted if I had any problems or questions...Having a good relationship with my midwife and being comfortable with her was a big thing for me as I could talk to her about anything*

Her midwife introduced her to a number of social services that were able to help her and her new family. Jade and Tim were referred to antenatal classes which they found very beneficial despite the fact there was no one else their age attending.

Aside from her midwife, Jade could ask Tim's family any questions concerning pregnancy. She found this advice was really crucial as she found information was important for young mothers and some were not as supported as herself and her partner.

*They answered any questions I had and told me lots of things I had no idea about...I just think that it would be helpful for mothers to know what is out there that is available to them*

As for the reaction from the general public Jade had no qualms about going out when she was visibly pregnant. She always had her partner Tim with her so she felt secure that they were still together and were a strong unit. Jade acknowledged to me that she felt lucky Tim was with her during every step of her pregnancies as most other young mothers did not have the same support available.

Jade felt completely supported by everyone within her life. She was more than satisfied with the help she had got throughout her pregnancy.

*Having good family support was probably the main thing, knowing that they were all there behind me...There were people always around me so I have always had support*

## **Birth**

Jade had heard plenty of horror birth stories from her family and friends. It was her sisters' experience in an Australian hospital that prompted her to have her first birth in a birth care clinic. A birth plan was worked out so Jade and Tim could have those people in attendance that they wanted most as too many people wanted to be there. In the end this plan was not kept to and plenty of visitors were at the clinic to see the arrival of her first son.

During her first pregnancy Jade was so big that people assumed she was having twins. Giving birth was relatively easy and Jade felt that the pain was nothing compared to what happened afterwards. Her son was so large that he left her with many tears; this was something she had not anticipated happening. She gave birth in a birthing pool and her midwife was concerned about the amount of blood in the pool afterwards. The midwife gave her eight stitches which were incredibly painful. Jade was then surprised about the fact she had to give 'birth' to the placenta afterwards.

*I knew it had to come out because the baby is inside it but I never realised you had to actually push it out afterwards. I thought it just came out. My midwife wanted me to push and I just had no energy left and it was so hard. In the end she actually had to pull it out*

Her recovery from the birth of her son took four months. The stitches needed to heal properly and Jade had to keep her legs together permanently. Everyday things like getting into a car or climbing stairs were painful and took plenty of effort. Jade taught regular dance classes and had kept dancing throughout her pregnancy. Dancing was not allowed either until she had healed. Having support from her partner, family and friends helped Jade to get through this difficult time and everyone shared the load caring for her son and for Jade.

The only source of support that Jade felt she was lacking was information. She went through two procedures that came as a complete surprise to her. She felt that being given more information about complications would have prepared her better.

### **Caring for the child**

Being a mother was something Jade found came naturally. Her attitude was laid back and she felt that motherhood was a natural process. After giving birth she found caring for her son relatively easy. The amount of support Jade had was a factor behind her relaxed attitude caring for her children. Jade knew how to look after children as her partner Tim's family members had many babies and she had helped to care for her sibling's children also.

After the birth of their son, Jade and Tim got married. Having two children under the age of two had not put a strain on their marriage. However Tim had recently moved out of the family home. He had left his full time job because he did not want to work anymore. Jade told him to move out until he found another job.

*I told him he couldn't live here. I want him to be working because he has two kids to look after now, not just himself*

Jade's parents were selling the family home so she and her siblings had to move out. Jade and Tim were in the process of looking at a home to buy so they could settle down with their children.

Jade had help from social services within her local area. The woman who visited her from Family Start turned out to be a family friend. Their relationship went well right from the beginning and she had helped her in many ways.

*Like for instance I told her we were looking for a home as we have to move out within eight weeks. She's helping us look for a new house*

She also used Plunket and an agency that helped her to look for affordable child care options within her area once she moved out of home. Her excellent support network of family meant that there was always someone to look after her children.

*Oh that's easy, there is always someone to look after the kids, and my family is always available. I have a lot of family as well as my in-laws family*

## Education

Jade became pregnant during her summer break after graduating from high school. She had plans to accept a dance scholarship but turned this down to focus on her baby. Jade is now in the second year of a three year teaching course, something she has wanted to do since she was young. Her mother had encouraged her to return to education and gave her the advice that if she enjoyed doing something so much she should get paid to do it. Jade had planned to combine her love of dance with teaching as a career. However her experience of being a mother to two young children has helped to broaden her passions and she has found a change in career direction.

*I've actually found something new which I'm passionate about and that's midwifery. After my own experiences it's something I would love to do and get into. I spoke to a midwife who said I had all the right skills necessary for this and I would love to work with young mothers. I think their experience is a lot different to other mothers and I can relate to that*

Jade's husband, Tim, was extremely supportive of her educational pursuits. The support was reciprocal. They planned to share the time in which one of them was studying and the other was working to support their family. Tim is a talented artist, which he wants to study and pursue as a career.

Returning to school was a hard with two children but the rewards were well worth it.

*Once I start something I want to see it through, I'm not the type to quit. Even though I had to juggle between study and being a mum, everything in the end just fell into place...I'm actually happy that I'm doing something instead of nothing. I know that in the end of it all my family and I will benefit from my success*

The main challenge Jade faced daily was finding the time to be a mother to her two children. She found it hard to balance parenting with her studies. When I interviewed

her, Jade had recently made the decision to take a break from her studies so she could enjoy her children more.

*I am enjoying what time I have with them as I know that these are the crucial years of their learning and growth*

Jade had a positive outlook of her life and what the future would hold for her family.

*I can see my children learning from my example. That in order to be financially secure you need to have some type of education. I will be able to get a good job and provide for my family*

## CASE STUDY SIX: NICOLE

### Background

Nicole comes from a family of five children; she has an older sister, younger sister and two younger brothers. Her parents are separated and Nicole and her siblings live with her mother. The family are extremely close and spend as much time as possible with one another. Nicole's mother had become a member of the Mormon Church and all the children had become members.

There was no history of teenage pregnancy within Nicole's family. Her mother had been the youngest and she had her first born at twenty three years of age. Nicole got pregnant at nineteen and was twenty when she had her daughter.

### Learning of Pregnancy

Nicole and her partner Toby were in a long term relationship when she got pregnant.

*I have always known that Toby would fulfil his commitments to me if that were to happen (falling pregnant) and I wasn't planning to leave him anytime before I found out I was pregnant so yeah it was fine*

During the summer holidays Nicole and Toby had been away from home for three weeks and were not using contraception regularly. Nicole was on the contraceptive pill and had forgotten to take this on holiday. They thought that doing without contraception for a short period of time would not result in a pregnancy.

Nicole suspected she might be pregnant so took a friend with her to buy a pregnancy test and took it straight away. Nicole was shocked when she found out the test was positive. Nicole's friend was a young mother herself but she would often tell Nicole that if she could do it all again she would have terminated her pregnancy.

*Without even realizing it and it was probably subconsciously, if I took my friend I knew she was going to encourage me to get an abortion. I just thought if I found out I was pregnant then I can just get rid of it and no one would know and sweet, it was never there, you know*

Her friend told her that they could go and make an appointment for an abortion and Nicole agreed to this, convinced she would not continue with the pregnancy. Together, they went to the doctors immediately to make an appointment and then Nicole went home to tell her partner Toby. He thought Nicole was joking about the pregnancy.

*He had a slight idea but we just assumed that God wouldn't bless us with a baby. We were too immature and too naughty*

Toby did not want her to get an abortion and she was convinced he would never have let her adopt. Adoption had been an option that Nicole had considered briefly.

Nicole had been confused about what she should do. Her abortion had been booked and this was what she wanted, until she had more time to think about her situation.

*I wanted it done before I could even change my mind...then I thought about it like all the things that mum had taught me and all the things I knew to be right and I was walking all over and throwing it out the window so that I wouldn't have to be stuck with my own consequences...I knew if I did it I couldn't live with myself. It doesn't matter how anyone puts it, you're killing a baby*

In the end her decision came down to her inability to go through with either abortion or adoption.

Nicole was nervous about telling her mother about the pregnancy. Her mother had made many sacrifices to give her children a better life. Nicole felt that getting pregnant was in contrast to her mother's efforts to improve her life. She was living with her mother and siblings at the time. Her younger brother found one of her baby scans and told their mother.

*... Mum just dropped her head and she couldn't talk to me for about a month. It was pretty intense. I think the whole time she just cried and was just beyond belief I guess*

During our conversation Nicole mentioned that she had found out her mother had an abortion but it was unknown to her that Nicole knew this. She did not indicate if her mother was an adolescent when she had an abortion.

The rest of Nicole's family were not surprised with her pregnancy. Nicole had been losing focus in her life for awhile.

In contrast, Nicole's friends were shocked when she told them about the pregnancy. She had always been careful with contraception before and her friends knew this. They also knew that she was not a 'baby person'.

*If a friend of mine had a baby then I loved their baby but I just don't want to play with your baby. I don't want to feed it and I don't want to change its nappy, but honestly I was just not a baby person*

Some of Nicole's friends had told her that her life was going to be over but Nicole refused to believe this.

Members of Nicole's Church were judgemental about her pregnancy. Her mother's friends had expected Nicole to get pregnant and made no effort to hide their opinions. Their comments did not faze Nicole.

*If I saw a person like me I would be making those same statements as well. Just someone who was partying all the time and life was all about them. I think I would have had the same thing to say*

Toby's brother had a baby son when he and his girlfriend were sixteen. They are now both twenty two. Nicole spoke to them and was encouraged by their motivation to change their lives after having a baby.

*They kind of motivated me and said that it's not that hard. You know your life is not over it just makes it a bit more difficult. She was telling me "He (the baby) motivated me, I don't think I would have done this by now or done it at all"*

### **Pregnancy**

Nicole was paying board and spending most of her time at Toby's family home but she also had her own room at her mother's home. She put off moving in permanently with Toby until she was seven months pregnant. This living arrangement has worked despite her initial fears. A wish to be independent was part of Nicole's reservations about moving in with her partner Toby.

*I was afraid of it and I was like well I'll spend all my time with you but I have this thing about moving all my stuff into his room and then all of a sudden I wouldn't have my own space to run off to whenever I got annoyed. I just felt like he would be there and I couldn't do anything about it...It was all about having my privacy being taken away*

Nicole was bored at home all day doing nothing so she got a part time job for three weeks. Her partner Toby worked full time in a well-paying job so they were able to rely solely on his wage. This arrangement continued while Nicole was studying full time at university, even though they were not living together then.

Nicole's pregnancy left her suffering from a lot of stress, including depression. Although Toby was usually a supportive partner, he was part of the reason behind her depression. Their lives had been very social before she became pregnant. This stopped for Nicole but Toby continued with this lifestyle. Nicole felt that her life had come to a 'complete halt' and she was the only person who had to suffer those consequences.

*I was looking around at all my friends succeeding at university and they were having prosperous lives and I just felt like I was in a hole and not even my partner was there to bail me out*

Her mother was still angry at Nicole for getting pregnant so she could not go to her and talk. While her mother eventually came to terms with it she was not there for Nicole when she suffered from depression. Not only were those close to her becoming more distant, her life was changing in other ways. She left university and gave up dance classes which she loved, due to her pregnancy. Nicole no longer had anything to do with her time and she felt limited. The only way she knew how to cope with the depression was crying. This state of depression, which she hid from others, lasted for the first six months of her pregnancy.

The only person in her life, apart from Toby, who supported her pregnancy, was her best friend. She was studying early childhood at the time and was encouraging of her decision. Nicole emphasised to me in our interview that every young mother should talk to those who are supportive. People in her life who were negative would only try giving her bad advice and attempt to change her mind which was not helpful.

Nicole could not see that in hindsight she really did have plenty of support. She chose to rule them out of her life at the time in fear of them letting her down.

*There were a lot of people who were there for me but I just thought that they wouldn't understand, or I would tell them and they would turn around and throw it back in my face*

Nicole's mother is a high school teacher and she had a student with foetal alcohol syndrome. When Nicole saw first hand the complications of what could happen if she continued to drink she stopped immediately. While drinking socially was something Nicole did often, she happily gave this up when she was pregnant.

*...I got annoyed cos all I would see was people getting drunk and you're sober and I didn't want my baby, even though she was still inside me, to hear the loud music. I just wanted to keep her away from it*

Nicole's attitude towards her baby became very protective the more she came to terms with her pregnancy. She also gave up smoking cigarettes socially but has since gone back to smoking after having her daughter.

Nicole went to her antenatal classes with Toby. They both enjoyed these, attending all six classes and learning a lot about their child together.

*I was quite hungry for information and knowledge so anything that would help me raise my child, I was more than willing to go to and learn. I read lots of books and watched DVD's*

Nicole went to the local birth clinic to find a midwife. She had no idea how to choose the right person so agreed with the first midwife she met.

*I was quite useless cos I should have interviewed my midwives but because at that time I was doing it all on my own I didn't know what the hell I was doing. I went in and met her and liked her only to find out she was quite useless...I only found out later that she had only just become a midwife and so she wasn't that experienced, but I'm just too nice and embarrassed to say anything*

During our interview Nicole expressed her resentment towards her midwife many times. Her inability to communicate with her midwife meant that Nicole felt she was not in control of her pregnancy. This raised even more complications during the birth of her daughter.

### **Birth**

Nicole planned for only her partner and midwife to be at the birth of her daughter. She was adamant about this but led her mother to believe that she would be involved in the experience, even though she had no intentions to do so.

*Mum kept on bugging me saying 'I have to come, I have to come'. I just lied to her and said when I did have her I would call and I didn't which is kind of horrible*

Nicole had a short labour of only an hour, although this involved intense pain. Nicole chose to have a water birth. Both she and Toby felt very relaxed and comfortable choosing this birth option.

*I totally support water births. I think it's the best way to go when you're in labour... When you're in the water you can just float around and your partner holds you up so all you have to concentrate on getting the baby out*

Toby was in the birthing pool the entire time, holding her up and comforting her during contractions. His support was essential to Nicole.

*I was so proud of him...Afterwards when the midwife left he cried and he doesn't really show people his emotions but he was just so mesmerised by it*

The one thing Nicole she regrets about her experience is her choice of midwife. Her midwife behaved extremely unprofessionally and added to the stress that Nicole was going through. The most appalling action the midwife took was her pretence in giving Nicole pain relief.

*...I think she stalled because I could see her playing around with the equipment and then it wasn't until after that she told me she didn't even know how to put it together*

After her daughter was born and Nicole was cleaned up she immediately breastfed her daughter and had no problems with this. Nicole knew after she gave birth to her daughter that she needed stitches. Her midwife would not give them as she believed the best thing to do was to let Nicole's body heal naturally.

*I asked if she could check me for stitches...I went to the toilet and it stung like crazy. I knew something was up...She just said let it heal*

*properly and naturally...By that time my family had arrived so I had to shove toilet paper in my mouth and bite into it so I wouldn't scream...It was sore. When I came out I had been crying*

### **Caring for the child**

Nicole continued to live with Toby at his parents' home with their daughter. The support from people in their lives was something Nicole appreciated a lot.

*Toby's mother is such an awesome grandmother. She's honestly awesome support and my mum is awesome and just everybody, yeah I have friends who are really good...Your friends will try and do as much as they can for you truly but with your family you can just be like 'Mum I need your help' and you don't feel shy or funny about it*

Leaving her daughter with other people was hard. She trusted them completely but leaving her baby for long periods was difficult. Nicole left her daughter for just one hour on the first occasion and even then she rushed back to be with her.

Nicole and her partner Toby also went through a stage where their relationship was suffering after their daughter was born. They both found they put so much energy into caring for their daughter that their relationship was neglected. When Nicole and Toby made more of an effort to support each other they found that their relationship had changed for the better.

*...we are so much more closer like we aren't shy to discuss anything and we're extremely open with each other. There's nothing I would be ashamed or scared to tell him. He's become way more supportive*

Nicole preferred staying home with her daughter, rather than going out and socialising. She would still go out drinking with friends but this was not a priority. Nicole found it important to see her friends regularly whenever it was possible. Her friends would visit her at home so her daughter did not have to change out of her established routine. Nicole's partner Toby worked long hours and is the sole provider

for her and their daughter. When he asks to go out on the odd occasion she does not mind. She realises that their daughter is dependant on her so it is better if she stays home. Their relationship works well as they support and make decisions together as a unit.

Before falling pregnant Nicole's life was directionless with plenty of drinking and socialising. After having her daughter Nicole found she was more settled, focused and priorities had changed.

*I think if anything she's helped to put everything into perspective and now I've had to mature and I have to put someone else first. I've never had to do that before and for that I'm thankful*

### **Education**

At high school Nicole had a five year plan which aimed towards her graduation. During her secondary school education she started drinking and discovered boys. She became less focused. Nicole graduated from her final year at high school and continued with her education by enrolling in a university course. She was studying in the first semester of her Sports and Science degree when she fell pregnant unexpectedly. She pulled out immediately but considered returning to university after giving birth.

Nicole wanted to change her degree and pursuing teaching as a career. Having her daughter had changed her priorities significantly. Her previous goal to work in the area of sports science would not fit in well having a child, which was her main focus now.

*It's a business where you really have to break into it and you have to put a lot of time, especially at the beginning, into it. It has to be your main focus and priority and now just having a baby it's not. I was all about the body and fitness and now it just doesn't really interest me to be quite honest*

Nicole wants to return to university in the near future. She did not want to miss out on her daughter's early years so going back had to be done at the right time. Nicole and Toby want to have more children within the next five years so this also needed to be planned for their future. Toby was very supportive of Nicole going back to university.

*He said to me 'You know honey when you're ready to go back to university I'll pay for your three years of doing it'. His brother did that exact same thing for his partner. He's already put money away and stuff and then when I finish he wants to go to university and I can then support him with my job so that's how we're going to do it. I know I'm blessed*

The negative consequence of having a child at a young age and interrupting her education is something Nicole does not focus on. She is genuinely excited about her future and sees her experiences so far as having a positive influence on her life.

*I think it's going to be awesome. Seriously I'm excited. I get to go on with my own little family and I can start again. I can be an awesome mother and be an example to her. I can get my degree and feel good about my self. I plan to marry Toby and I plan to have a strong marriage...it's going to be really prosperous*

## **CASE STUDY SEVEN: HAYLEE**

### **Background**

Haylee was brought up in a large family. She has seven siblings; four brothers and three sisters. Both her parents are part of a very prominent gang in the region they live in. Her upbringing involved plenty of exposure to alcohol, drugs and violence.

Haylee had been living at a girls' home for troubled young women for a while. She had grown up with a high use of alcohol and drugs within her home and she had been using both from a young age. This led her towards a life of violence and away from education. She left education in her Year 9 when she was fourteen years old.

### **Learning of Pregnancy**

Haylee was living in a facility for youth offenders when she found out she was pregnant. As a part of the induction process Haylee was forced to take a pregnancy test and this is how she found out she was one month pregnant. She was not surprised.

The father of her unborn baby was no longer in contact with Haylee. Their relationship was short term and did not end well. She did not tell him about her pregnancy; she knew he would find out through gossip.

The reaction from family and friends was quite low key and they just accepted it. It was a different story for Haylee herself who struggled to acknowledge the pregnancy. She did not want to keep her baby but had been too far along to terminate it.

*...nah that's why I kept getting wasted because I didn't want it*

### **Pregnancy**

Haylee continued to drink alcohol during her pregnancy and only stopped when she was forced to attend rehab. When I asked her what type of alcohol she was drinking she indicated this was straight spirits and casks of wine on a daily basis.

Her only available support network at the time was her friends who were heavy drinkers themselves.

*They were mean, they always got me wasted. Oh they told me not to drink but I still would, I wouldn't listen to them*

Haylee expressed the hold that alcohol had on her a few times throughout our interview. When I asked her if she could have given up drinking alcohol without intervention, she replied that she “would have been wasted” otherwise. She also used drugs during her pregnancy smoking marijuana, cigarettes and even methamphetamines.

However, Haylee did look after herself in other ways by exercising regularly. She played touch football, netball and basketball often during her pregnancy. Before attending rehab she did not let any of her sport team members know she was pregnant.

Haylee moved to a drug and alcohol rehabilitation facility when she was five months pregnant. When I interviewed her she was still completing the programme. The staff informed Haylee that she was the first girl to be pregnant at the facility. The facility provided a good support unit for Haylee. As a part of her specific needs they had regular visits from a midwife to the facility.

In terms of material support Haylee was given more than enough help from family and social services. Although people were willing to help her there was only one place she wanted to be and that was at home. This was not to be with her family, but with her friends whom she missed drinking and socialising. She readily admitted to me that she realised her baby may not have been born healthy if she had not gone to rehab but this was of no concern to her.

The father, Jonathan, was not in contact with Haylee during her pregnancy.

### **Birth**

Haylee gave birth to her daughter at a birthing centre. She had planned ahead of time to have her best friend, who also attended rehab, to be at the birth. In the end her midwife, two friends from the rehabilitation facility, one senior rehabilitation worker and her aunty were in attendance. They were woken up by Haylee in the early hours of the morning when she went into labour.

It was Haylee's decision to have a water birth and not to use pain relief. She felt that using pain relief was a 'waste of time' and would not use it again if given the chance. Her daughter was born healthy and with no complications during the birth. When I asked Haylee about her daughter's health she surprised me with her response.

*Nah, it was normal, I thought that was strange*

### **Caring for the child**

Haylee cared for her baby for two weeks after her birth. She did not breastfeed her and found it difficult to look after her. She made the decision to give her baby to family members living back home. Her baby was allowed to stay with her at the rehabilitation facility but this was something she did not want.

*It was my choice...Because I was focusing on my recovery, and I wasn't allowed out. Like I couldn't leave the room and got outside to hang with the young ones*

Once she had completed her recovery Haylee planned to return home to care for her daughter. When I asked her if she felt as though she was a mother now that her daughter was out of her care she did not hesitate with her answer.

*No. That's just because of the way I am. I don't know, it's just that I don't feel like a mother until someone brings it up*

Haylee's family were given financial help to care for her daughter. Financially Haylee refused any help for herself. She had no intentions of receiving benefits she was entitled to.

*Nah I don't need it...I get sick of it, I get sick of help, yeah cos I don't need help*

## Education

Haylee, the youngest mum in the study, left school during the first month of her Year nine at high school. She was suspended for assault and gang involvement and never returned. School life for Haylee was never interesting so leaving school was the best decision for her to make.

The friends she spent most of her time with were much older than her and did not attend school either. A few of them worked in part time jobs and supported her decision not to go back. Her family on the other hand were very disappointed.

*Oh nah they were mad but I didn't give a fuck what they said*

The direction of her life was always going to go in a negative direction due to her upbringing.

*Yeah cos my background was fucked...Real fucked up*

Gang culture had always had a strong influence on her life and she considered them a part of her 'family'. Her real family were members of a rival gang and her turbulent upbringing was part of the reason why she chose to change gangs. Violence seemed to be an accepted part of life for Haylee.

*We stand our grounds even if they are twenty-five. We still beat up twenty-five year olds. Me, my sister and my mates; we were brought up to stand our ground, not drop, no matter what*

Haylee's only source of influence was from her best friend who was still living back home. She did not feel as though her time in rehabilitation would really change her.

*Nah this aint helping...I'm just here to do my time...only if my best friend changes then I'll change*

Changing her lifestyle for the benefit of her daughter was not a motivator either. According to Haylee she saw her daughter's lifestyle being very similar to that of her own.

*She's already in that environment; she'll do that shit when she gets old*

## CASE STUDY EIGHT: TE RINA

### Background

Te Rina comes from an exceptionally large family. She has six full siblings (four brothers and two sisters) and five half siblings. Her parents have been separated since Te Rina's birth. Both her parents were brought up in small communities, her mother moved all the children to live with her in a small town where the rest of her family were living. Her family were very close and Te Rina had a great relationship with her siblings and mother. The relationship with her father was strained, although he had made an effort to be in her life since the birth of her daughter. Te Rina, her mother and one of her brothers moved to live in a much bigger city where they are currently living. The rest of her siblings are back home but visit from time to time.

### Learning of Pregnancy

Te Rina found out she was pregnant when she missed her period. She was seventeen at the time and living with her mum. Her lifestyle was preoccupied with staying home with her friends and drinking alcohol and doing drugs. She had been with the father of her baby, Sean, for three years before she got pregnant. Her family had always disapproved of their relationship.

For Te Rina the decision to continue with her pregnancy was something she never doubted right from the start.

*I wanted to keep my baby. My babies are mine. As soon as I was pregnant I knew I would keep her*

Telling her mother about the pregnancy was relatively easy. Te Rina's mother almost expected the news and was not shocked to hear the news at all.

*I just went out and told her and she understood. She knew it was coming because I was so mischief back then... Yeah she accepted it straight away cos she knew it was coming*

Te Rina's relationship with her mother was always very close and there seemed to be a lot of support between them so this is part of the reason why she felt so comfortable telling her mother.

Telling her partner about the pregnancy was different. They were not using any contraception at the time yet Sean was very surprised. He did not talk to her for a long time, but once he got used to the idea he was very supportive.

One member of her close family, her aunt, was very cruel with direct comments she made towards Te Rina's pregnancy.

*She said when I was pregnant "You only just got pregnant so you can go on the benefit". She just said things like that, and that was sad. I felt stink because that wasn't the reason. It just happened. She made me feel sad saying things like that*

Her friends were happy for Te Rina when they heard she was pregnant. Most of them already had children themselves.

Sean and Te Rina were living at her mother's home but moved out before their daughter was born. They decided to move to a city quite a distance away to start a new life.

*I just wanted to start a new life because where we were was a shit hole and I didn't want my daughter to grow up in that environment*

Te Rina's mother soon followed so she could support her daughter.

### **Pregnancy**

Te Rina took her health seriously during her pregnancy. Although she used to smoke cigarettes, drink alcohol and do drugs before her pregnancy, this all ended straight away.

*I didn't even want anything to do with that environment anymore. I just went sober and I didn't even smoke because I felt too stink. I just wanted to protect my baby*

The support she got during her pregnancy was mostly that from her mother and partner. Her mother was always there to offer any type of support, taking her to the doctors, buying food or giving her money. She was her main support financially before she got pregnant; however Sean was now working to support her and their baby. While Sean was working full time during the day Te Rina would spend all her time at home resting.

When they moved to a new location Te Rina knew nobody, only her family. She had left all her old friends behind. This meant her social life was non-existent and she got extremely lonely without anybody to talk to.

*I feel isolated sometimes*

Te Rina did not attend antenatal classes. She did not go because there would be no one there she knew. She explained to me that she was not comfortable in front of strangers and would not have liked the classes because of this.

*I was told to go to antenatal classes but I refused. I was embarrassed...I always get embarrassed in front of strangers.*

Te Rina opted not to have a midwife but instead used a doctor that her sister had recommended. The only information and support she got directly for her pregnancy was from her doctor.

## **Birth**

Giving birth was something that scared Te Rina and she was very nervous about it.

*I was panicking because I really didn't want to push her out. It would have been too painful*

She had planned to give birth naturally but this did not end up happening. Her doctor advised her that having a water birth, like she had planned, was not a good idea.

*My doctor said I couldn't cos it was my first baby and it couldn't happen like that. Just in case I had problems*

Te Rina's cervix closed after her waters broke and she was taken to the local hospital for a caesarean. Her doctor performed this procedure; she was familiar with him and felt safe. Besides the medical staff, Te Rina's mother and partner were with her. Te Rina chose to have her mother in the operating room with her. Sean was asleep during most of the labour as he was tired from being at work all day.

The only pain relief she used was gas before the decision was made to have a caesarean and an epidural before she went into theatre.

Te Rina was very self conscious about exposing her body to anybody during the birth of her daughter.

*I really did, because they had to look down there and touch down there and stuff. I was really embarrassed to show*

Her labour was a long twenty two hours. When her daughter was born she was not breathing and was given oxygen to breathe assisted for the first few minutes.

*I didn't hear her cry when she came out but I was so happy when I saw her. I didn't believe I was pregnant until I saw my baby*

### **Caring for the child**

When her daughter was five months old, Te Rina moved with her into a three bedroom house. They have a spare room which her brothers often stay in when visiting. It was neither ideal nor easy and she struggled at times without much help.

*I get stressed a lot. Like when we get home from school, because she's tired. I'm tired and I have to cook tea, do washing and do stuff like that...I just do it. Just get on with it cos sometimes people aren't there to help you...Sometimes I feel really old when I get too stressed*

Sean is still a part of their daughters' life and he and Te Rina remain friends. He works six days a week full time so would visit on his day off.

Te Rina was proud of her own independence but it seemed that she was reluctant to let people in to her life. Her mother was by far the main source of support she had and the only person she trusted to be there in her daughter's life.

*My mum, she does everything, she's the best. The only time I go and take my daughter over is if I need a break in the weekend or when she's sick and I've had enough...I do go and see my mum every Saturday*

Leaving her friends was one of the sources of support she missed the most. She had her mother's support but it was support from her peers that she needed, especially those who had children

*Well I don't have any friends anymore because we don't live there...well they have been through the same situation and they could help me if I needed to be helped but I don't have that here*

Te Rina did plenty of socialising before she got pregnant but this ceased once she got pregnant. Socialising was now far out weighed by the thought of caring for her daughter and no longer a priority.

*I'm not really interested in a social life with my baby. My baby is my world...Yeah I just chill with my daughter because I feel like I'm neglecting her when I come here (school) cos we're usually together most of the time*

When I interviewed her, Te Rina's main concern centred on her feelings of guilt. Being with her daughter all the time and then leaving her during weekdays while attending school was difficult to deal with. Te Rina could rationalise going to school and leaving her at the crèche as an opportunity to provide a better future for her daughter. However it was hard for her to overcome the feelings of neglect that she felt regularly.

Te Rina and her daughter are living on the domestic purposes benefit. She just got by on this but it was clear she was not happy about relying on this long term. Her plans for the future involved a move overseas to live with one of her brothers where she saw a better life.

*Money, lots and lots of money and a decent life*

The use of social services was a touchy subject as her experience with them was less than positive. The help she received from Family Start, a local based service, was not regular like it was planned to have been.

*I barely see them, bloody hopeless. She doesn't come and visit me and she's supposed to come every week. They are supposed to work through me if I have problems*

Te Rina found that her teachers at the teen parent unit she was attending were much better at helping her sought out any problems she had.

### **Education**

Te Rina left high school when she was in Year ten. She was not focused at and did not enjoy it. She later attended a computer and business administration course at a polytechnic but left during her pregnancy.

After having her daughter Te Rina was reading the paper and saw an ad for a teen parent unit. She decided she wanted to go and contacted Family Start to set up an

interview; she started the very next day. Te Rina had been away from school for four years. It was difficult to adjust.

*It's weird being surrounded by heaps of girls though...I'm used to being with boys and girls. I like to have boys around too cos it's not so catty that what I hate*

Her favourite subjects were legal studies and accounting, both topics which she excelled at. Her dream career was to become an accountant in the future and this was the goal that she was steadily working towards.

Te Rina was very positive about her decision to return to complete her education. It is without a doubt that she would not have returned without the influence of her daughter in her life.

*It's good and it's different to what I'm used to...I feel like I made a great decision because our future will look so much brighter then it might have*

## CASE STUDY NINE: ALISON

### Background

Alison had one sibling, a half sister, who she has limited contact with. This was due to her father starting a new family and living in a new town. Alison was brought up by her mother and had lived with her all her life. Alison's mother had her when she was nineteen. There was also a history within her family of teenage pregnancy. Alison was seventeen when she found out she was pregnant and gave birth at eighteen.

### Learning of Pregnancy

Alison was living at home with her mother when she became pregnant. When Alison started seeing Jayme, who was five years older than her, they never planned for it to be a long term relationship. Alison found out she was pregnant shortly after they began having sex.

*...we didn't really know each other, I wouldn't have stayed with him if I wasn't pregnant but I learnt heaps about him after I got pregnant. After that I didn't really like it but we stuck together for a year. We hung it out for awhile and then we just couldn't do it*

Alison was three weeks pregnant when she found out she was pregnant. Contraception was an emotive subject for Alison. She felt let down for not receiving enough information about her contraception and felt this was the reason she fell pregnant.

*...I had got the injection...but they had not told me all the details and I didn't know that you couldn't have unprotected sex seven to fourteen days after getting it and they didn't tell me that and I had got pregnant within that time and so I just took the pregnancy test...I rung them up and they were like 'Well we gave you pamphlets that you should have read'*

She told Jaymee immediately. He was supportive of whatever decision Alison made, either keeping the baby or getting an abortion. Alison wanted to tell her mother before

she went ahead with an abortion for which she had booked an appointment. They waited a month to make the right decision.

Alison's mother got pregnant as a teenage herself and did not want this for her daughter. She had been through the difficult lifestyle herself as a solo mother. Alison was very scared to reveal her pregnancy and she waited until she was two months pregnant to tell her.

*Oh it was bad. It was bad for me because I put it off for ages and I was really scared to tell my mum, like really scared, because she had always said to me 'Never ever get pregnant before you're ready' ...she didn't talk to me for about a week*

Alison and her mother told her father about the pregnancy. He was accepting and supportive of her. Alison's father's parents have strong Christian beliefs and they decided they wanted nothing to do with her as they considered her pregnancy as 'sinful'. Her grandmother did contact her after the baby was born but her grandfather wants nothing to do with either Alison or her child.

### **Pregnancy**

Alison and Jaymee soon moved in to their own flat after finding out she was pregnant. Alison lived with him until she was eight months pregnant and then they both went back to live with her mum again. This move was to reduce costs and get extra support from Alison's mother. During the majority of her pregnancy, Alison's mother was not involved. She was finding it hard to come to terms with and needed time to get over it.

*I knew half of her still disapproved so I just left her out and I went and did things myself. I went to every midwife appointment, like she didn't come to anything like that. But like I say afterwards she was really good*

Alison told Jayme he had to get a job in order to support them both. Before getting pregnant she was relying solely on her parents for financial help. Alison's father

employed Jayme but in the end he would not commit to his responsibilities and left the job. He preferred to 'drink with his mates' as Alison relayed to me. This was incredibly stressful as they had rent to pay and no money. Stress was something she suffered from throughout all her pregnancy. Alison and Jayme were trying to make their relationship work even though they had never planned to stay together. This situation was very stressful, especially in combination with the hormonal changes she was experiencing.

Socialising was an important part of Alison's life before she got pregnant. She was out every weekend and would get into nightclubs from a young age due to her appearance. Alison continued going out occasionally with her friends while she was pregnant. She stopped drinking alcohol when she went out and then eventually stopped socialising all together. Jaymee did not get along with any of Alison's friends so this made seeing them difficult. She was attending school at the time so Alison was able to spend time with friends then.

*Because of my partner I couldn't go out and party and do what I wanted, like he was quite controlling I guess. He didn't like me going out with my friends and stuff so I was stuck at home heaps... Like just not drinking and stuff was really different for me because I was out like every weekend and all of a sudden I just stopped*

Alison did not know how to choose a midwife and it was only by chance that she found one suitable for her. Her midwife gave Alison excellent care and both felt that information was a crucial part of their relationship. She was always supplying Alison with books and pamphlets to read about pregnancy and was always comfortable talking about any issues she had. Alison initially had some reservations that her midwife would not want to work with a young mother like herself but these fears were soon overcome.

*When I first went in there I asked her if she was uncomfortable working with someone as young as me and she said that would be quite*

*hard as she had just delivered a fourteen year olds baby, so she had already had young girls and had no problem with it*

Alison's midwife had explained that it was her choice to attend antenatal classes but she recommended that they were a waste of time.

*...you sort of know what to do when you have your baby and it just happens, like nothing can prepare you for it so you just have to go and do it, cos I was really scared and I didn't know what to do and she was like 'You'll know what to do'*

Alison took her midwife's advice and did not go to any antenatal classes. Instead she felt comfortable asking the midwife for information. Alison was terrified of the pain of birth and it was her midwife who calmed her nerves by not hiding the facts.

*She was like "Well it is painful" and she was pretty blunt and didn't beat around the bush. I thought this was really good. I already expected the worse. I heard some girls saying that their midwives were like "You know it won't be that bad" so they didn't expect it to be and then it was really bad*

Smoking was something Alison had done for years and she could not quit this habit even during her pregnancy.

*Yeah I smoked, before I got pregnant I was smoking heaps and then I cut down to about one a day but my mum tried to get me to cut out totally but I couldn't, it stressed me out too much so my midwife said just cut down to one a day if you can*

One of the main concerns Alison had before giving birth was the lack of information she had. She was able to ask her midwife for advice but Alison continued to worry that she did not know enough.

*I don't think I had any expectations but I was just worried. I was so young I didn't know and had never really talked to people about pregnancy. I have always liked babies but it was just more not knowing anything and you just have to sort of learn as you go I guess*

## **Birth**

Alison was at school when she first went into labour and began having contractions. She rung her midwife but was not dilated enough to go to the birth clinic she planned to give birth in. Both her mother and partner had been working all day so she let them sleep while her contractions continued through the night. During the next day Alison's contractions got closer together and she was rushed to the birth clinic in the afternoon. Alison ended up giving birth to her daughter within half an hour of arriving. While she had not planned to have a water birth, Alison decided she did not like the idea of giving birth on a bed. She had her midwife, partner, mother and two best friends with her the entire time.

Jaymee had reservations about going into the delivery room with Alison.

*I thought he was going to freak out because at the beginning he was like "Oh my Nan and that said I wasn't allowed to come into the room with you". It's like a thing that guys don't go in cos it's like a women's place. And then I was like "Um well like your coming in. Your coming in to experience this because I didn't do it all by myself"*

The most supportive person in the delivery room was Alison's mother. While she had not previously supported her continuing with the pregnancy, she was more than helpful when Alison needed her.

*She was really good because she kind of knew. She knew the stages and what was happening. I don't know, she was really good and the one who made me feel most comforted I think*

During the birth Alison was not concerned about revealing her body to those in the room. It was not until afterwards that she realised that she no longer wanted people staring at her. She was not afraid to speak up for herself.

*I just didn't pay any attention to that but like afterwards I was like "Ok that's enough now so no more eyes staring at me". I told everybody to get out*

### **Caring for the child**

Alison and Jaymee lived at her mother's home following the birth of their daughter. She figured that taking care of her daughter was going to be easy, thinking that giving birth was going to be her hardest challenge but she soon found out she was wrong. Breast feeding was difficult and Alison became stressed. She got mastitis and was unable to feed her daughter. Alison was in a lot of pain and turned to her midwife for advice on what to do.

*I had to get my midwife to come over and she said there was nothing she could do except stick baby on and I didn't want that so she told me to get Jaymee. Jaymee could try and suck it out or else it was going to get worse so he got it out and all in his mouth and was like "Oh this is disgusting". He got the bit out that needed to so baby could get on*

Her daughter got very sick when she was only two months old and was admitted to intensive care in hospital.

*I was just so stressed out, really badly. Then my daughter got sick and she was in intensive care...that's when my partner kind of left. He just kind of had enough...It was just really me and my mum who looked after her*

Jaymee moved back to his home town which is a long distance from where Alison and their daughter were living. He still wanted to have contact with their daughter. When

he made the move back he and Alison made casual arrangements for Jaymee to care for their daughter.

*Well it started off with him just having her for a few hours during the day and then she got a bit older and he said he wanted to have her overnight. So he had her overnight for about a month on the weekends. That's when he said he couldn't handle it any more...It was just a bit too much for him I think*

Jaymee has not seen his daughter for a few months now. He made the permanent move back home and only travels to see her briefly. The relationship between Alison and Jaymee was strained and ended badly when they last saw each other.

*It didn't end very well and I ended up getting trespass orders and stuff...It was ok, then not ok, then ok and off and on*

Alison had to rely solely on her mother for support. When she wanted to go out Alison would trust only her mother to care for her daughter. Alison found that socialising during the weekend helped to keep her stress levels down. Having a break was important to Alison and the support of her mother was essential. On the first few occasions that Alison left her daughter with her mum she would worry and check on her regularly. The arrangement they have now works for all three as Alison knows that her daughter is enjoying the time with her grandmother and vice versa.

*...now it's alright because I know that she sleeps through the night and she walks around calling my mum 'mum' as well so it's like she's really close with my mum...as long as me or my mum are there she doesn't really mind, so I don't need to worry anymore*

Alison has a social life now that her daughter is older and she goes out with friends regularly. Although she still went out she realised she could not be as carefree as before her daughter.

*Since I had her I'm more responsible and don't do such stupid stuff*

Alison is receiving the domestic purposes benefit and this covers her rent that she pays her mother and all her and her daughter's personal costs. Going to ask for financial help from government agencies was intimidating and something Alison hated doing.

*WINZ can be really scary sometimes. Like I don't like going in there cos you always feel like you're getting interrogated kind of and you feel like their watching you and thinking "Yeah right you're so lying to us". I would always worry before I went in*

Alison has plans to move out of her mother's home in the near future and be more independent.

Challenges like breast feeding and caring for her daughter were experiences Alison had not expected and nobody had warned her about. When she first accepted her pregnancy Alison had considered that life was going to be easy.

*No one ever told me that breast feeding was hard and the pain of that was like I was giving birth again...My midwife used to ask "Are you prepared for breast feeding?" and I never knew what that really meant. She never said it was bad, like no one did*

## **Education**

Alison got expelled from high school when she was sixteen. After trying out correspondence education and not liking it, she stopped studying all together until after she got pregnant. When she was four months pregnant Alison enrolled at the local Teen Parent Unit. Her father was a friend of a teacher at the unit so she encouraged Alison to enrol when she learnt she was pregnant.

Alison was proud of her return to education and was the first to admit her life would be a lot different otherwise.

*I'd be at home, just doing nothing. Just sitting at home with baby.  
Probably go and see my mates during the day*

Alison realised quite quickly that the support she received from her mother was crucial to her daughter's successful upbringing. She also acknowledged her own maturity through the life experiences she had encountered, including coming back to school.

*...I was a bit more mature...it was my decision to come back, they didn't force me. Like even my dad, it's like a higher level of respect or something...they just treated me a lot differently then before when I was just doing nothing*

People around her were very proud of Alison, including a friend from high school who left at the same age. Alison's friend regretted her decision to leave education early. Her direction in life had encouraged Alison to stay at school.

*...she was like 'Oh that's cool that you're going back and trying to get an education'. She works in the food industry in cafes...she knows that that's all she can really do at the moment. She wants to go back and study and to get somewhere else and she's like 'If it was for free I would take the chance and do it'*

Alison explained to me that it was common practice for mothers to stay home when their children were sick. This meant they could miss important assessments. Alison took a lot of time off school when her daughter got sick and this meant plenty of catching up when she returned. Attending school with the added responsibility of her daughter was difficult at times for Alison but she managed.

*...just getting up in the morning can be a bit of a challenge just cos baby is teething or she's up during the night. You just have to drag yourself out of bed to come...Some of the girls can't be bothered coming but I just make the most of it otherwise I'm just wasting it away*

The lack of support for other adolescent mothers was something that Alison saw or some at the Teen Parent unit she attended.

*I've seen some mums that haven't gone to the next level; I guess you could call it. They are just totally immature and don't know how to care for their baby. I think half of it might be that they don't have anyone to tell them how to do it and it's quite sad*

Having her daughter attend mainstream classes with her had made Alison realise how much she had matured. The other students could not comprehend that she was a young mother.

*They just had no idea, they were so clueless. I took my daughter up there one day cos she was sick and they said "Oh my god is that your baby?" They were totally taken aback by it*

Life was now more focused for Alison. Every decision she made was now for her daughter's future and establishing a secure life for them both.

*Well hopefully I pass and I get a good job and just security. I want to own my own home and be able to provide all of her stuff and if I didn't go back to school I wouldn't be able to do that. I would just have no qualifications at all. I guess I'm trying to set up security for her*

## CHAPTER FOUR: CROSS CASE ANALYSIS AND DISCUSSION

The following chapter further explores the findings reported in the nine case studies. A comparative analysis is undertaken with themes emerging from the individual results discussed in relation to relevant literature. The structure of this section mirrors that used within the case studies.

### BACKGROUND

Table 1: Participants demographic information.

<b>Name</b>	<b>Age</b>	<b>Age of child</b>	<b>Birth age</b>	<b>Parents relationship</b>	<b>Number of siblings</b>	<b>History of teenage pregnancy</b>
Sarah	20	20 months	19	Divorced	3	Grandmother Mother
Michelle	19	2 years	17	Married	2	Mother
Lisa	16	3 months	16	Married	3	Sisters
Kim	17	2 years	15	Separated	9	Grandmother Mother
Jade	20	18 months 2 months	18 19	Married	3	Cousins
Nicole	20	3 months	20	Separated	4	N/A
Haylee	15	2 months	15	Married	7	N/A
Te Rina	19	15 months	18	Separated	11	N/A
Alison	19	1 year	17	Separated	1	Mother

Table 1 gives a summary of demographic information for each of the nine participants. The young women interviewed ranged in age from 15 to 20 years. The participants who had parents that had previously separated all lived with their mother as their main caregiver, rather than their father. Those whose parents were still married lived at home with both parents, with the exception of Haylee who had not been living at home for a long period of time.

Each participant had siblings, whether they were full, half or step siblings. For those whose parents were separated (Nicole, Te Rina, Kim, Alison, Sarah) they had new extended families. These participants indicated that they got along well with their extended family members.

Two participants (Te Rina, Kim) had half and step siblings as well as full siblings which made their family sizes exceptionally large in comparison to the other participants. Alison had one half sibling and no full siblings, which was the least among all participants. She had very limited contact with her half sister which none of the other participants indicated in their interviews.

Although the participants were not asked many questions concerning their siblings it did come across during the interviews that they all had relatively close relationships with them.

Most described very close relations with their mothers, whom were often the most important family member they had in terms of support. This did not necessarily mean that they had a bad relationship with their father, although two participants (Sarah, Te Rina) did not get along with their father and their relationships were very distant. Sarah's parents were the only ones to have officially divorced, when she was three years old. Since the divorce her father had been in sporadic contact with her and her siblings. This was also the case for Te Rina whose father had begun making contact with her since she had her baby.

The majority of participants reported that there was a history of teenage pregnancy within their family. Four participants (Sarah, Michelle, Kim, Alison) mothers had become pregnant themselves when they were adolescents and in two cases (Kim, Sarah), the grandmother had also been a young mother. Sarah and Kim were in long term relationships with the fathers of their child and both partnerships ended soon after the birth. This is interesting considering both of their mothers were no longer with the participants fathers either.

Two participants (Lisa, Jade) had other family members who were teenage mothers. Lisa had three older sisters, two of whom had been teenage mothers themselves. Jade

had a history of teenage pregnancy within her Mormon family. While her siblings and mother were not one of them, she did have a number of cousins who had got pregnant at a young age. Only three participants (Nicole, Haylee, Te Rina) indicated that there no such history of teenage pregnancy in their family.

## LEARNING OF PREGNANCY

Table 2: Participants use of contraception before getting pregnant

	<b>Using</b>	<b>Not using</b>	<b>Incorrect use</b>	<b>Unknown</b>
Sarah			√	
Michelle				√
Lisa		√		
Kim		√		
Jade	√			
Nicole		√		
Haylee				√
Te Rina				√
Alison			√	

### **Contraception**

None of the nine participants indicated that they were actively trying to get pregnant. However most participants, with the exception of Jade, were either not using contraception or were using it irregularly or incorrectly (see Table 2). Each of the participants first found out they were pregnant when they took a home pregnancy test or visited their doctor. Almost all of them had suspicions due to morning sickness and missed periods. It is interesting that a lot of the mothers were actually surprised when they found out they were pregnant. Many were having sex over a long period of time and considered they could not get pregnant as it had not happened earlier. Sex education is a part of the school curriculum. However seven of the nine mothers I interviewed left high school early so could have missed out on this.

The use of contraception seemed for most of the participants to be a joint responsibility in as much as many of the participants used ‘we’ when they spoke about their experiences with contraception and decision making. It was not a part of my research but it would have been interesting to hear from the partner and their understanding of contraception and what methods they used. My participants explained that their partners were quite surprised to learn of the pregnancy. This may have meant that they did not have as much involvement in decision making as my participants reported.

Two participants (Alison, Sarah) were using contraception ineffectively. Insufficient information concerning contraception was given and ultimately resulted in unexpected pregnancies. Both approached their doctors when they found out they were pregnant

demanding an explanation. There seems to be a lack of communication between the doctors and my participants when it came to contraception. While the women knew it was important to use contraception, correct use was not explained in full detail which resulted in at least two pregnancies among my participants. The response from doctors was that they should have done more to help themselves, which included reading the pamphlets given to them and the fine print on prescription medicine. Clarification of safe and effective contraception use needs to be explained in detail to patients in order for it to work. Previous research into the use of contraception by adolescence also suggested that more effort needs to be made in order to provide young women with the correct information regarding contraception use (Furstenberg Jr, 2003; Kirkman & Moloney, 2005).

### **Decision to continue the pregnancy**

The decision to carry through with the pregnancy was a major one for all the women. While some of the participants had already made up their mind to continue with their pregnancy by the time it was confirmed, some had difficulty and turned to others for advice.

Revealing their consideration of abortion to women they were in close relationships with was common. Apart from their male partners, three of my participants (Kim, Alison, Michelle) preferred to discuss their pregnancy options with their mothers. Each of the three participants' mothers had become pregnant as adolescents themselves. Kim's mother had given three of her eldest children up for adoption, and Michelle's mother also adopted out her first born daughter when she was a teenager. Kim also discussed the option of abortion with her sister, who had gone through with a termination herself. Nicole looked to advice from one of her friends who had regretted continuing with her own pregnancy. Knowing other women who had been through similar situations was a source of support when advice was needed.

Although none of the participants indicated that they were forced to continue with their pregnancy when they did not want to, Haylee did indicate that she would have preferred to go through with an abortion. When she discovered she was pregnant it was too late for a termination so she had no option but to keep her baby. This could

explain a lot of the unsafe practices she engaged in during her pregnancy and her attitude after giving birth.

Pregnancy rates among Maori tend to be high in New Zealand when compared to non-Maori. Overall Maori tend to continue with their pregnancies and are less likely to go through with an abortion. Trends show that European females more often choose abortion rather than continuing with pregnancy (Dickson et al, 2000; Statistics New Zealand, 2006). The reasoning behind lower Maori abortion rates is unknown; however this does explain one factor behind the increasing rates of teenage motherhood among Maori in New Zealand.

### **The father of the child**

My participants were in either casual or long term relationships with the father of their child at the time they got pregnant (see Table 3). Two participants (Haylee, Alison) were in casual relationships and neither planned to be with their partners for an extended time. Those in long term relationships saw a future with their partners before becoming pregnant. Four participants (Nicole, Jade, Michelle, Lisa) are currently still in a relationship with the father of their child. The other three participants (Te Rina, Kim, Sarah) had been in long term relationships with their partners also but these ended after the birth of their child.

The idea of casual sexual relationships now seems to be an accepted part of adolescence (Boddington et al, 2003; Kirkman & Moloney, 2005). A couple of participants (Haylee, Alison) indicated that they were in informal relationships with male partners, where aside from sex they did not have much else to do with them. Two participants (Kim, Haylee) were under the legal age of 16 to consent to sexual intercourse when they became pregnant. Neither participant discussed this in their interviews. This finding correlates with research which shows that Maori adolescents are entering into sexual intercourse earlier than their non-Māori peers (Dickson et al., 2000).

The support from partners to continue with pregnancy did not indicate that they were more likely to be supportive in the future. Five participants (Alison, Sarah, Nicole, Jade, Michelle) indicated that their partners were initially supportive. This support

was not always maintained and the lack of support or unsupportive behaviour caused a lot of stress. Those whose partners were less supportive of continuing with the pregnancy (Te Rina, Kim, Lisa) did not necessarily report a persistent lack of support from their partners. Each woman continued with their pregnancy despite the opposition or lack of enthusiasm of their partners.

Previous to finding out they were pregnant; it was not uncommon for participants to discuss the idea of beginning a family as a future plan. Two participants (Sarah, Lisa, Kim) had spoken with their partners about the possibility of having a child together. Kim had considered abortion as an option so the fact that she had previously discussed getting pregnant is interesting.

### **Family**

One of the most pressing concerns for participants when they found out that they were pregnant was figuring out how they would tell their parents. While all the parents were eventually supportive, their initial response was that they wanted the best possible life opportunities for their daughters and that having a baby at a young age would jeopardise this.

Some 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. Two participant's mothers (Alison, Sarah) took the news especially hard and thought that their daughters were following in their footsteps as they had been adolescent mothers themselves.

My participants were not as reluctant to inform their fathers of their pregnancy. The attitude of most participants was that their fathers opinion was less important than that of their mothers. The fathers of participants did not have as much involvement with their daughters' pregnancy. Although this did not mean they were unsupportive. Two participants fathers (Jade, Michelle) were exceptionally pleased with the news their daughters were pregnant.

Each participant mentioned their siblings during their interviews but their pregnancy had little effect on them. Older siblings were more supportive as they were able to assist with information, emotional and material support.

Three participants (Alison, Lisa, Michelle) had grandparents who did not approve of their pregnancies. Grandparents made this clear and although Michelle and Lisa's grandparents eventually supported them, Alison no longer has contact with her grandfather who refuses to accept his great-granddaughter. Older generations have been raised in a different time where adolescent pregnancy was less accepted so their reaction is not uncommon.

Negative comments from family members were unhelpful. Te Rina's aunt implied she had got pregnant to receive financial aid. This was upsetting but with the support of her partner and mother she was able to disregard her aunt's ignorance.

### **Friends**

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

Each of the participants were initially shocked to discover they were pregnant; however some had friends who were youth mothers themselves. Kim, Te Rina and Sarah indicated that a number of their friends were mothers so getting pregnant was neither unusual nor unacceptable amongst their peers.

Table 3: Participants relationships status when they learnt of pregnancy and their consideration to terminate pregnancy

	<b>Considered abortion</b>	<b>Relationship status</b>
Sarah	No	Long term relationship
Michelle	Yes	Long term relationship
Lisa	No	Long term relationship
Kim	Yes	Long term relationship
Jade	No	Long term relationship
Nicole	Yes	Long term relationship
Haylee	Yes	Casual relationship
Te Rina	No	Long term relationship
Alison	Yes	Casual relationship

## PREGNANCY

### Living situations

The living arrangements of my participants often changed over the duration of their pregnancy. Before learning they were pregnant participants were either living at home with both parents or with their mother. When their pregnancy was confirmed five of my participants (Nicole, Jade, Sarah, Te Rina, Alison) moved to live with their partners.

Nicole was the only participant who indicated to me that she was reluctant to make this move. While she admitted this was all about keeping her privacy it may also have to do with wanting some independence. Nicole and Tony spent most of their time together so moving in to his house meant giving up a certain level of independence. Jade made the move out of her family home so that she could embrace her independence also.

Michelle and Lisa continued staying at home where their partner was living as well. Kim did not choose to live with her partner even though they continued their relationship. This could have something to do with her age as she was only fifteen when she fell pregnant, as opposed to the other participants who were older. The only participant who was not living at home was Haylee, who was residing in a rehabilitation facility and had limited contact with her family members.

### Financial situation

Table 4: Source of financial support during pregnancy

	Parents	Partner	Working	Benefit
Sarah		√	√	
Michelle		√		
Lisa	√			
Kim			√	
Jade		√		
Nicole		√	√	
Haylee				√
Te Rina		√		
Alison	√	√		

Each participant relied solely on their parents for financial support before getting pregnant. While some still relied on their parents when I spoke to them, most

participants either depended on their partners or parents who worked, found employment for themselves or received benefits.

Three participants (Kim, Lisa, Haylee) were under the age requirement of 18 to receive a benefit. Kim was the only one to go and get a job during her pregnancy to save money for when her baby was born. Lisa continued to rely on her parents for financial support. Lisa and Eruera were the only couple who chose not to work as they were both attending school full time.

The mothers who worked during their pregnancy (Sarah, Michelle, Nicole) usually did so for two reasons; to relieve boredom and to save money for child costs (see Table 4). Sarah was the only participant who was working full time before and during her pregnancy. This was not necessarily for financial reasons but more to occupy her time. Michelle and Nicole took on part time jobs to help relieve boredom and loneliness they felt from being home alone all day.

A common action for participants to take was demanding that their partners go out and find a job so they could financially provide for their family. Alison and Jade both told their partners to go and work full time for their fathers. This arrangement was meant to be long term but both partners were uninterested in being employed and left their jobs.

### **Public Reaction**

The reaction from members of the public to my participant's pregnancy was usually negative. The participants did not worry too much what people, other than their family and friends, thought of them.

Jade and Nicole were members of the Mormon Church. Both their partners were also members. Having a child out of wedlock is not easily accepted within the church and both recalled being treated negatively by other members. Having the support of a partner made life slightly easier for Jade who described feeling more supported than other pregnant young women.

Michelle avoided going into public for the first six months of her pregnancy. She chose to stay home rather than risk the judgement of others. It was the judgement of her peers that kept her from continuing at high school also. In contrast to research by Woodward, Horwood & Fergusson (2001) Michelle did not leave school before becoming pregnant, but failed to return when she found out.

## Health

Table 5: Participants use of substances before and during pregnancy

	Before			During		
	Cigarettes	Alcohol	Drugs	Cigarettes	Alcohol	Drugs
Sarah		√				
Michelle		√				
Lisa	√	√	√			
Kim	√	√	√			
Jade		√				
Nicole	√	√				
Haylee	√	√	√	√	√	√
Te Rina	√	√	√			
Alison	√	√		√		

Drinking alcohol socially was common among my participants and their friends, even though not all of them were over the legal age to purchase and consume it. Most of my participants gave up drinking alcohol immediately after finding out they were pregnant.

On the whole most participants (Alison, Lisa, Kim, Nicole, Haylee, Te Rina) smoked cigarettes regularly before their pregnancy (see Table 5). Alison was the only one who could not give up smoking and continued for the entirety of her pregnancy. Smoking, for Alison, was associated with the reduction of stress so she was unable to cope without at least one cigarette per day.

Haylee was the only participant of mine who continued to drink alcohol and use drugs regularly during her pregnancy. Her only support was that from her friends who were involved in the same lifestyle. During her childhood she had been around a lot of alcohol, drugs and violence. Being in this troubled environment was normal. Haylee's behaviour reflected her attitude towards her unborn child.

Using illicit drugs was not common although there were three other participants (Kim, Te Rina, Lisa) who had used drugs, such as marijuana, irregularly before getting pregnant. All three gave up immediately and since having their children have not gone back to using.

Most of my participants did not mention ever feeling tempted or pressured to drink alcohol or use drugs during their pregnancy. There was a level of peer pressure before pregnancy their unborn child's health was of utmost importance. Te Rina spoke about her need to 'protect' her baby and this meant not smoking or drinking alcohol.

Sarah revealed her strong opinion of mothers who continued to put their unborn children in harms way by smoking and drinking alcohol. Her experiences affected her own actions as she learnt through observation what she did not want to do when raising her own child.

Stress played a part in some of my participant's health during their pregnancy. Those who were affected by stress (Kim, Michelle, Alison, Sarah) reported it being brought on by a number of causes; including partners, financial worries and hormones. All four participants who suffered high levels of stress were no longer in relationships with the father of their child.

Nicole was the only participant who indicated depression throughout her pregnancy. She was engulfed with feelings that her life as she had known it was over and she began feeling more lonely. Lack of support was not a problem for Nicole, although she admitted she refused to accept help from others.

Seeking knowledge during their pregnancy for the benefit of their baby was something almost all of my participants did. The majority of my participants also took care of their health and wellbeing. Kim was highly involved in researching better ways to look after herself for the sake of her baby. She read plenty of books and ate all the recommended foods.

Feelings of stress, loneliness and depression were frequent among my participants. Their age may have made it harder to deal with these feelings and some of the more

adult issues they had to face. Less life experience and problem solving techniques than older mothers could have meant their feelings were harder to deal with.

### **Antenatal classes**

Antenatal classes are aimed at teaching first time mothers about the birthing experience and caring for their child after birth. The support of partners in attending antenatal classes was important to those mothers who were still in a relationship. Only four participants attended antenatal classes during their pregnancies. Those who went to their classes with their partners (Michelle, Jade, Nicole) enjoyed attending. Sarah first started going with her partner Rangī, but he stopped going after showing disinterest in attending. Sarah continued going, taking friends as a support person, but later dropped out as she was unhappy going without her partner. Of the four couples who attended antenatal classes with their partner are still in a relationship together.

The uncomfortable feeling of being an adolescent in a mainstream antenatal class was common. Antenatal classes are mostly main stream although there are specific ones available for young mothers. These were taught the same, the only difference being the age of the mothers attending. Michelle and Sarah went to mainstream classes and felt uncomfortable with much older first time mothers there who they could not relate to.

Lisa and Te Rina did not attend antenatal classes, although for very different reasons. Te Rina seemed rather reserved during our interview so it was understandable that she would have felt uncomfortable being around strangers as she had described. Lisa was there at the birth of her two sister's children and her mother is also a midwife. Having had plenty of experience around childbirth there seemed to be less point in Sarah attending classes. Haylee received care from a midwife during her pregnancy within the rehabilitation facility she resided at. It is unknown if Kim or Haylee attended antenatal classes.

Generally, attending antenatal classes was not a great experience. Mostly, participants felt uncomfortable as they did not know other people, were much younger than others taking the class, and lacked support. These findings support previous research which indicated Maori women fail to use antenatal care (Rimene et al., 1998). Feelings of

shyness have been known to hold many adolescent Maori mothers back from participating in classes.

None of my participants actually attended antenatal classes which were exclusive to adolescents so it is unknown if these would have been more suitable.

### **Midwives and doctors**

The relationship with the health professional who helped the participants throughout their pregnancy was considered important. The first pregnancy for any woman is a learning experience so the relationship with their midwife or doctor should be positive and comfortable. All of my participants used a midwife, with the exception of Te Rina who used a doctor instead after her sister referred her to him.

Six of the women (Sarah, Michelle, Lisa, Jade, Te Rina, Alison) were satisfied with the care received from their midwife. These mothers described their relationship with their midwife as close and felt able to communicate well with her. This was especially so for Sarah and Jade whose midwives as they were family friends. Having this initial personal connection helped them to develop a professional and trusting relationship.

Finding a midwife was hard for two participants (Nicole, Alison). Unless there were people in the participant's lives to recommend a good midwife, it was difficult to find someone suitable. This lack of information led Nicole to choose a midwife she was unhappy with and left her with a negative experience. It was difficult to know what to look for in choosing a midwife. Being young could have affected their judgement abilities as compared to that of an older woman who has more life experience and confidence.

Information from midwives and doctors seemed to be the best support they could provide for the participants. As first time mother's participants had plenty of questions, but only felt confident asking if the relationship with their midwife or doctor was good.

## Support

Table 6: Support received during participants' pregnancy

	<b>Partner</b>	<b>Parents</b>	<b>Partners parents</b>	<b>Siblings</b>	<b>Friends</b>	<b>Midwife/ Doctor</b>
Sarah	√		√		√	√
Michelle	√					
Lisa	√	√		√	√	√
Kim		√	√	√		√
Jade	√	√	√	√	√	√
Nicole	√		√		√	
Haylee					√	√
Te Rina		√		√		√
Alison	√	√			√	

Having good support networks provided my participants with an overall better experience (see Table 6). Each participant had support available to them; however the type of support was different in each case.

Informational support was a vital part of pregnancy. My participants wanted to learn about the changes in their bodies, their unborn baby's wellbeing, the functions of birth and caring for their child afterwards. Having people who had been mothers themselves provided participants with a wealth of information. Mothers, sisters, female family members, friends and midwives were important people to offer informational support.

Support from partners was evident and came in different forms. Partners were the main source of tangible support for participants (Sarah, Michelle, Jade, Nicole, Te Rina, Alison). Those partners who could were working in full time employment. Only Michelle referred to her partner as someone who gave her emotional support. Participants did not specify that they felt unsupported emotionally by their partners. However emotional support was usually provided by other people in their support networks. Nicole specifically said that she felt she could not talk to her partner Toby and instead went to a close and understanding friend.

The support from their own parents was valued during participant's pregnancies. Financial, tangible and emotional support was offered from parents.

Some participants turned to their partner's mother. Kim and Sarah both went to their mothers in law for emotional support, something which sometimes lacked in the relationships with their own mothers.

Feelings of boredom and loneliness were felt by those mothers (Nicole, Michelle, Te Rina) who were home alone during their pregnancies. Their main support people, partners and friends, were either attending school or working during the day. Te Rina faced a difficult situation as her and partner Sean moved away from their support networks and knew nobody.

The support of friends was available during the pregnancies of my participants. Most continued socialising and enjoying time with friends during the early stages of pregnancy (Sarah, Jade, Haylee, Alison). Friends who were also adolescent mothers were able to give some participants both informational and emotional support. Sarah, Te Rina, Alison, Nicole, and Kim each had friends in their lives who were young mothers before them and this seemed a normal part of their peer groups.

Feelings of abandonment were felt by some participants when they discussed the friendships they shared before becoming pregnant. Michelle and Kim did not feel supported by their friends and discontinued the majority of their friendships.

## BIRTH

Table 7: Participants birthing method

	Natural birth	Caesarean birth
Sarah	√	
Michelle		√
Lisa	√	
Kim	√	
Jade	√*	
Nicole	√*	
Haylee	√*	
Te Rina		√
Alison	√*	

\* Water births

### Birth experience

The two types of birthing facilities used were either public hospitals or private birth care clinics. Six participants (Lisa, Kim, Jade, Nicole, Haylee, Alison) chose to give birth to their baby in a private birth care clinic. The other three (Michelle, Te Rina, Sarah) had their baby in a public hospital. Michelle and Te Rina had complications and needed a doctor to perform a caesarean section.

The most popular birthing method was a water birth, which four participants (Jade, Nicole, Haylee, Alison) chose to have (see Table 7). The reason why this method was so popular is unknown; however the participants who chose this option were happy with their choice.

A lack of control during labour was mentioned by more than one participant (Kim, Te Rina, Nicole). Four participants experienced a loss of control while giving birth and felt at the mercy of their midwife or doctor. Kim and Nicole had an exceptionally difficult experience when both their midwives put the health and wellbeing of their baby at risk. Unable to intervene both participants had to allow their midwives to rectify the problems they had encountered while giving birth; through the intervention of others. The ability to speak up for themselves was difficult for some of the shyer participants (Kim, Nicole). They agreed to things they were either not sure about or were not confident enough to question. In hindsight participants saw that they should have done things differently.

## Support

Table 8: Birth experience and support people in attendance at the birth of participants' child

		<b>Partner</b>	<b>Mother</b>	<b>Father</b>	<b>Midwife/Doctor</b>	<b>Siblings</b>	<b>Friends</b>	<b>Others</b>
<b>Positive experience</b>	Sarah	√			√			
	Michelle	√	√	√	√			
	Lisa	√	√	√	√	√	√	
	Alison	√	√		√			
	Haylee				√		√	√
	Jade	√	√	√	√			
<b>Negative experience</b>	Nicole	√			√			
	Te Rina	√	√		√			
	Kim	√	√		√			√

Overall those who had more support people with them (Michelle, Lisa, Jade) had a better experience (see Table 8). Giving birth was a stressful time but the support from others helped to relax the situation and reduced stress. The people chosen to attend the birth are important. More often than not these people were chosen by the mother to attend. Close family and the father of the baby were the main people in attendance. Most mothers planned who they wanted to have attending well before they give birth and make this clear to those people.

Lisa had plenty of whanau with her during her labour, including members who lived in another town who came especially to support her. Kim planned who she wanted to attend, but in the end had little say on the matter and had people in the delivery room she did not want there.

Parents, especially mothers, were encouraging and able to give good advice to their daughters during the birth process. Jade, Alison and Te Rina felt the support from their parents was an important part of their experience.

Feelings of shyness and embarrassment were common among participants. Revealing their bodies was an issue, especially in front of strangers.

Those who indicated their partners were supportive (Nicole, Jade, Michelle) reported their partner was by their side throughout the birth of their child. These mothers were in long term relationships and were still together at the time of interviewing.

Participant's partners were not always supportive during the birthing process. Three participants (Alison, Te Rina, Kim) described how inadequate their partners were during birth and felt unsupported.

Each participant used a midwife or doctor during the birth of their child. Not all experiences were good but in the end each child was born safely. Information was one of the most important ways a midwife could support my participants. Preparing participants for birth and keeping them informed of what was happening seemed to be the most supportive. Alison had nothing but praise for her midwife who gave honest advice in preparing her for birth. This advice made her experience much more positive as she was able to mentally prepare for birth.

Midwives did fail to inform some participants of birth processes which lead to a number of stressful situations. Jade and Sarah both had a lot of support but were let down by their midwives when they had to endure procedures they did not know about.

Although only two participants (Lisa, Haylee) had friends in the birth room with them, friends were supportive when it came to information. Participants (Sarah, Kim, Nicole, Te Rina) who had friends who were mothers themselves considered the advice they gave them was priceless.

## CARING FOR CHILD

Table 9: Participants relationship, financial and living situation after the birth of their baby

	<b>Relationship with partner</b>	<b>Finances</b>	<b>Living situation</b>
Sarah	No relationship	Benefit	Flatting with Sister in law
Michelle	Live-in relationship	Partner working	Parents home with partner
Lisa	Live-in relationship	Student Allowance, Parents	Parents home with partner
Kim	No relationship	Benefit	Flatting with Aunt & Uncle
Jade	Non live-in relationship	Benefit	Parents home
Nicole	Live-in relationship	Partner working	Partners parents home
Haylee	No contact	N/A	Rehabilitation Facility
Te Rina	No relationship	Benefit	Flatting with Daughter
Alison	No relationship	Benefit	Mothers home

### **Father of child**

Only three participants (Michelle, Lisa, Nicole) were still living with their partners after the birth of their child (see Table 9). Jade was the only participant still in a relationship with her partner but temporarily not living with him.

Four participants (Sarah, Kim, Te Rina, Alison) were no longer with their partners during this time. After the birth of their child, those participants who ended their relationships became the main caregiver. Kim and Te Rina were still on good terms and had decent communication with their former partners. Sarah and Alison however had a difficult time with their former partners and struggled to get on well with them any longer. In fact, Sarah reported that her former partner as being violent towards her. Interestingly, each participant who was no longer with the father of their child came from a family where both parents had either separated or divorced. There is a possibility that these participants were influenced by their upbringing. Having low expectations and a lack of support from former partners could have persuaded a break down in their relationship.

Haylee was the only participant who did not have contact with the father of her child after learning she was pregnant. After giving birth she had still not made contact with him.

**Living situation**

Most participants changed their living arrangements following the birth of their child (see Table 9). Independence and privacy were the main reasons for participants wanting to move out on their own or with their partners. The option to move out of their current home, however, was reliant on finances.

Two participants (Michelle, Lisa) continued to live in their parents' home with their partners. Living at home without their partners (Alison, Jade) provided participants with the support of parents and siblings.

Those participants who were living away from their family struggled without this support. Three participants (Sarah, Kim, Te Rina) were living in flatting situations with family members. These mothers enjoyed their independence although life was sometimes difficult without the support within their immediate family home.

Although Nicole was an exception as she lived with her partner's family. They provided her with plenty of support. She was also in regular contact with her own family who did not live far from her.

Only one mother, Haylee, was no longer caring for her child. Her daughter was in the care of family members. Haylee's living circumstances did not change after the birth of her child. She was still living in a rehabilitation facility, where she was working hard on herself so she could return to live with her daughter.

Owning first homes was almost an impossible task financially, though it is a long term goal of most of the participants to achieve.

**Financial situation**

Financial independence was important to participants. While none of my participants were financially independent, they each had plans to become so in the future (see Table 9).

Five participants (Sarah, Kim, Jade, Te Rina, Alison) were on benefits. Dependence solely on benefits was not a long term plan and each participant wanted to work and earn their own money in the future.

Two participants (Michelle, Nicole) were able to rely on their partners, who worked full time, for their financial needs. This independence from benefits and parents meant they had little to worry about in terms of money and could focus on the bringing up their child.

Only one participant (Lisa) was still relying on her parents for financial assistance; however this was not a long term arrangement. Lisa and her partner Eruera were struggling to meet their financial obligations. Studying and age requirements meant they found it hard to get benefits they were eligible for.

Approaching social services for financial help and assistance was something each participant disliked. The attitudes of staff, interrogation of personal matters and perceived scepticism meant participants were forth coming when it came to getting help.

The legal obligations of fathers no longer in a relationship with my participants (Sarah, Kim, Haylee, Te Rina, Alison) were not being met as none of them paid child support.

### **Lifestyle changes**

Caring for a child inevitably had an impact on the mothers' previous lifestyles. Participants had little or no responsibility before they became pregnant. After the birth of their child almost all of the mothers found that their outlook on life changed, as did their priorities. The idea of a social life with the addition of a new baby changed the priorities of some mothers. Having a good support network meant socialising could still be a part of my participant's lives again.

Five participants (Sarah, Lisa, Kim, Jade, Nicole) had experience looking after children before having their own baby. Caring for younger siblings and siblings' children gave participants experience and knowledge with child care. Two participants (Michelle, Alison) had no experience with children at all so they had to learn basic child care from their mothers and social support services like Family Start.

Antenatal classes are focused more on the birth rather than child care techniques. As some mothers have no idea what to do when it came to child care this could be introduced as an objective within New Zealand antenatal classes.

Trust was an issue when participants needed to leave their child with other people. Only certain people were trusted and given the responsibility to look after their babies. Feelings of guilt were also felt by most of the participants when they left their children in the care of others.

### Support

Table 10: Support received after the birth of the child

	<b>Partner</b>	<b>Parents</b>	<b>Partner's Parents</b>	<b>Siblings</b>	<b>Friends</b>	<b>Others</b>
Sarah	√	√	√	√	√	
Michelle	√	√			√	
Lisa	√	√		√	√	
Kim	√	√	√	√	√	
Jade	√	√	√	√	√	
Nicole	√	√	√	√	√	
Haylee						√
Te Rina	√	√		√		
Alison	√	√			√	

Support during the transition from pregnancy to motherhood is essential for a mother. It is natural to want support but at the same time it can be daunting asking for help. Most of the mothers had good support from their family and friends (see Table 10). A common feeling among the mothers I interviewed was their feelings of guilt for relying on others for support as they felt they should be doing everything themselves. It seems to be difficult for adolescent mothers to become independent. The dependency on others was vital for adolescent mothers to perform daily tasks and challenges.

The most common childcare arrangement amongst participants involved members of their family. This support system worked and was well managed. There was always someone available to care for participants children at short notice. Family members were the most trusted.

## EDUCATION

Table 11: Participants attendance in education

	<b>Beginning of Pregnancy</b>	<b>During Pregnancy</b>	<b>After Pregnancy</b>
Sarah			
Michelle	√		√
Lisa		√	√
Kim			√
Jade	√		√
Nicole	√		
Haylee			
Te Rina			√
Alison		√	√

Each of the nine participants had attended secondary school prior to becoming pregnant. Six of the participants (Michelle, Jade, Lisa, Kim, Te Rina, Alison) attended an educational institute after the birth of their child (see Table 11).

The other three participants (Sarah, Nicole, Haylee) were not attending school for various reasons. Only one participant, Haylee, did not wish to pursue her education in the future.

At the time of our interviews four participants (Alison, Te Rina, Kim, Lisa) were currently studying and enrolled at the same teen parent unit.

Those mothers who left education early (Sarah, Michelle, Lisa, Kim, Haylee, Te Rina, Alison) explained how difficult life was without any qualifications. Getting a job that paid well enough was hard with a lack of education. Staying home during their pregnancies and then having to care for their child, mostly on their own, meant boredom was a factor in some of the mothers decisions to return to education.

Most of the participants believed education was the only way they could provide a successful life for themselves and their child. There was added pressure for my participants; caring for a child and enrolled in full time study. Providing a well balanced life for their children long term was the motivation to get through the difficult circumstances needed to gain an education.

Lisa and Alison both left school early and had not completed secondary school. Another similarity was that they had both tried correspondence education but had disliked this

Being financially independent and working was the main goal for the majority of participants after they had their children. A wish to provide for their children is a major motivator for young mothers. The pursuit of education was not just a decision based on increasing financial security but also studying towards a chosen career path. All of the mothers who were either attending school or had intentions to return were driven by the desire to succeed in the career of their choice.

### **Challenges**

Attending education with a child to care for was not an easy decision to make. There were many challenges, especially for those mothers who are solo parents.

Most had negative experiences in mainstream schools 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 to education after having their child.

When children were ill participants had to stay home and care for their baby as child care centres do not like to infect the other babies. This can cause a lot of time off and important assessments can be missed.

Child care costs and availability are both issues which can prevent a young mother going to school. Four participants attending the teen parent unit had access to the centres crèche which provided free child care while parents attended school.

Guilt was an emotion almost all of the mothers dealt with. This was usually associated with placing their child with caregivers while they were at school. Participants felt guilty for not spending more time or for missing things that their children did during the day

Attending school each day with the added responsibility of child care was a daily challenge. The mothers who were no longer with the fathers of their child (Sarah, Kim, Te Rina, Alison) found it much harder to cope on their own, regardless of the support from family and friends.

### **Impact**

Returning to education after leaving can be life changing. Each participant who returned to school found that her life had improved. Through all the hardship and sacrifices they had made, participants' lives were better and they had a more positive outlook for their future. Of the nine participants, only Haylee did not want to go back to education; the others were determined to succeed in their lives and felt that getting pregnant actually led them to make this goal for themselves.

Before they became pregnant most of the young mothers had no idea where their future would take them. Making negative decisions for themselves and bad choices in their past was a crucial experience to learn from.

It is interesting that Lisa mentioned the word 'hopefully' many times. This summed up her attitude towards her situation. She was hopeful of many things but she knew it was hard to get help so her hopes were not set high.

### **Support**

Having a child and returning to education cannot be done without some type of support. Whether the support is from a social service or from family and friends, my participants needed support from other people in order for this transition to work and be successful.

Returning to education was a personal decision. However the support from others, especially family, was a good indicator of mothers being successful with their education. Most of the mothers told me that they received negative feedback from people when they got pregnant. The opinions from family members and friends seemed positive once the mothers had returned to school after having their child

The support from partners was invaluable for those mothers who were still in relationships with the father of their child.

Four participants attended a Teen Parent Education unit. While my research was not focused on such units, the level of support within them was important for all of the mothers who attended. Returning to education for these mothers provided them with access to supportive adults. Those who attended a Teen Parent unit found the help from adult teachers invaluable. Friendships developed between students were a positive outcome for participants. Peer support from those who have experienced the same events can be useful (Hobfoll, 1986).

## CHAPTER FIVE: CONCLUSIONS

Previous research has looked at the 'social problem' of adolescent pregnancy and how to prevent it, both here in New Zealand and internationally. While such research is relevant, it does little to provide those already in the situation to improve their own lives or those in the future.

The purpose of this study was to investigate the role of social support in helping adolescent Maori mothers cope with pregnancy, birth and motherhood, with a particular emphasis on its role in enabling them to continue with their education. While this study was never intended to provide all the answers, it has clarified ways in which social support and education can enhance the lives of adolescent mothers and their children.

To clarify the ways in which social support is best provided to adolescent Maori mothers, it makes sense to look back at the objectives of this research;

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

Social support was highly valued among my research participants. The form of support offered to my participants varied and depended on the role which a particular person played in their lives. Support was strongest from female members within social networks; this included mothers, sisters, friends and midwives. As motherhood is primarily the role of women, it does make sense that female support was the most suitable.

Family were also an important source of stable support. Immediate family members were the main source of support; tangible, emotional and informational. While the support from partners and friends was valued, it could be irregular in terms of the type of support and how often it was offered. Partners were the cause of stress when they

presented unsupportive behaviour. Financial worries created another form of stress. Seeking independence was a goal for all of the participants but this meant financially they had to either support themselves through employment or rely on partners to work.

Education was identified as the key to improving the lives of young mothers and their children. However, the incentive to stay at school only applies to those mothers who know they want to complete their education and seek employment. The difficulty is in young mothers acknowledging that their education is important as most mothers do not realise this until after having their child.

Easy access to multiple avenues of education, like apprenticeships and post-secondary school courses, allowed participants to pursue their education when mainstream school did not work for them. It also meant some participants were given more options than the typical high school to tertiary route that most adolescents take- but may not be suitable for everyone.

Experiences with other people, such as midwives, gave participants the aspiration to pursue careers they may not have considered before. Informational support was a large part of the reason why most participants went back to education. Those who attended teen parent units did not initially want to return to education but did so after personal recommendations, advertisement and word of mouth.

Those who provided social support; parents and partners mostly, were proud of participants return to education although this was not overwhelming. Continuing with education was a personal choice, usually as a result of the desire to provide their child with a good future. Participants who may have lacked certain types of support were not discouraged to go back to education. This may have made things harder for them but there were solutions such as free child care in crèches or benefits to cover costs.

## IMPLICATIONS OF THE RESEARCH

The findings of this research can enhance the lives of adolescent Maori mothers. The implications can be far reaching and because of this I have made the following suggestions;

### *1. Additional support to those families which provide ongoing support for their daughters*

Family members make up the majority of support received by young Maori mothers. The wide range of support offered from family was a crucial aspect of participants' success, and this should be acknowledged. Accommodation was just one way in which families provided support. Participants who were living with family (Michelle, Lisa, Kim, Jade, Alison) were given plenty of hands on support, like child care, which lowered their own personal costs. Extra assistance should be made available to those families who support their daughters. This could be in the form of monetary assistance to cover the cost of lost wages due to child care or to cover the cost of accommodation. This research strongly indicates that family support is the most beneficial so assisting this process may be beneficial in the long term.

### *2. Increased support available for those seeking independence*

More support should be made available to those young mothers who want to become independent and are taking steps to do so. A goal for most of my participants was owning their own home. Social support services could provide mothers with financial planning and budgeting advice for example. Creating opportunities to allow adolescent mothers to help themselves should be encouraged.

### *3. Provision of bi-cultural antenatal classes*

Providing bi-cultural antenatal classes could enhance the attendance of adolescent Maori mothers. This would be similar to kaupapa-Maori based programmes offered in schools. The same classes as mainstream ones are taught, but both languages can be spoken and in a more accepting environment. Antenatal classes also need to be promoted more among midwives and done in an appropriate fashion which encourages adolescent mothers to attend.

## **POSSIBILITIES FOR FURTHER RESEARCH**

The findings of this study suggest that there are possibilities for further research.

The focus of my research was adolescent Maori women early in their careers as mothers. This study could be extended to examine their circumstances further on in their lives. Studying the impact of adolescent motherhood on those who have raised their children to adulthood would look at many aspects this study fails to do.

Examining the long term effects of social support and education could improve the provisions adolescent mothers receive from the start.

Interviewing mothers of a much younger age could provide a different outcome.

While it is not all that common, there are young mothers aged between 11 and 14 years of age. The need for social support and the experience of participating in education may be different for mothers significantly younger than my participants. However, because they are likely to be more vulnerable, there may be ethical issues which would need to be addressed before such research could proceed.

Interviewing more mothers could provide a much wider range of information. A larger sample of twenty or thirty adolescent Maori mothers may enhance findings.

The father of the child is a significant person in the lives of adolescent Maori mothers. It would be interesting to hear stories from their perspective. The decision to continue with the pregnancy and support from the fathers' point of view would be interesting perspectives this research project was unable to attain.

Each of my participants identified themselves as Maori. However, the majority of participants were not actively involved in the practice of their culture. Investigating Maori women who have lost a sense of their culture and the effects this has on social support would be interesting to look at further.

## **METHODOLOGICAL ISSUES**

The in-depth, semi structured, single interviews enabled participants to discuss the most significant details of their life stories. In hindsight a greater analysis could have been made with follow up interviews. After interviewing all participants and transcribing their notes I found a number of issues could have been explored more as they corresponded to other participant's experiences.

Including a questionnaire to answer first would have enabled me to get a basic picture of the issues participants were facing so I could have incorporated this into my interviews. Following the interviews I conducted I found that there were some issues I had not accounted for. A wider range of questions could have been used.

## **PERSONAL REFLECTIONS**

A critical part of the research process was developing a good relationship with my participants. This involved making them feel comfortable enough to discuss their stories with me. I am not a mother so understanding their stories involved a certain level of empathy and understanding. Being young myself, I found that most participants responded well to this and trust was developed relatively quickly.

A number of the stories which participants shared with me were difficult to comprehend and only reinforced the strength and determination of young mothers. There were moments when I felt hopeless and wanted to help some of my participants. Reminding myself of the intentions of my research kept me focused during the interviewing process.

Working with Maori youth has been a goal of mine for a long time. Being involved with my participants and their whanau strengthened this desire. Although the journey has been longer than first anticipated, the outcome has been worthwhile.

## REFERENCES

- Barlow, C. (1991). *Tikanga whakaaro: Key concepts in Maori culture*. Auckland, New Zealand: Oxford University Press.
- Boddington, B., Khawaja, M., & Didham, R. (2003). *Teenage fertility in New Zealand*. Wellington, New Zealand: Ministry of Statistics.
- Cervena, N. (1994). Family change during an unwed teenage pregnancy. *Journal of Youth and Adolescence*, 23(1), 119-140.
- Collins, B. (2004). If I didn't have my baby I don't know where I would be: Teenagers as mothers. In *Ministry of Social Development Social Policy, Research and Evaluation Conference, 25-26 November 2004*. Retrieved January 12, 2007, from [www.ms.govt.nz/documents/events/strategic-social-policy](http://www.ms.govt.nz/documents/events/strategic-social-policy)
- Corcoran, J., Franklin, C., & Bennett, P. (2000). *Ecological factors associated with adolescent pregnancy and parenting*. *Social Work Research*, 24 (1) 29-39.
- Dacey, J., & Kenny, M. (1997). *Adolescent development*. USA: Brown and Benchmark Publishers
- Dalton, J.H., Maurice, J.E., & Wandersman, A. (2001). *Community psychology: Linking individuals and communities*. USA: Wadsworth Thomson Learning.
- Department of Labour and Ministry of Social Development. (2002). *Evaluating the february 1999 domestic purposes benefit and widows benefit reforms: Summary of key findings*. Wellington, New Zealand: Department of Labour and Ministry of Social Development.
- Department of Psychology. (2007). *Community psychology graduate handbook*. University of Waikato. Hamilton, New Zealand.

- Dickson, N., Sporle, A., Rimene, C., & Paul, C. (2000). *Pregnancies among NZ teenagers: Trends, current status and international comparisons*. NZ Medical Journal. 113, 241-245.
- Dixon, R., & Adair, V. (Eds.). (1998). *The family in Aotearoa New Zealand*. New Zealand: Addison Wesley Longman.
- Durie, M. (1998). *Whaiora: Maori health development*. Auckland, New Zealand: Oxford University Press.
- Fergusson, D.M., & Woodward, L.J. (2000). *Teenage pregnancy and female educational underachievement: A prospective study of a New Zealand birth cohort*. Journal of Marriage and the Family, 62, 147-161.
- Furstenberg, F. F., & Crawford, A.G. (1978). *Family support: Helping teenage mothers to cope*. Family planning perspectives, 10(6), 322-333.
- Furstenberg Jr, F.F. (2003). *Teenage childbearing as a public issue and private concern*. Annual Review of Sociology, 29, 23-39.
- Green, J. L., Camilli, G., Elmore, P. B., Skukauskaite, A., & Grace, E. (3rd Ed). (2006). *Handbook of complementary methods in education research: Case study methods*. American Educational Research Association.
- Hammerton, H. R. (1992). *Growing up overnight: Teenage women's experience of pregnancy*.
- Heuer, B. (1972). *Maori women*. Polynesian Society Publication.
- Hobfoll, S. E. (1986). *Stress, social support, and women*. Hemisphere Publishing Corporation: Washington.

- Hogan, D.P. & Kitagawa, E. M. (1985). *The impact of social status, family structure, and neighbourhood on the fertility of black adolescents*. *The American journal of Sociology*, 90(4), 825-855. The University of Chicago Press.
- Kirkman, A., & Moloney, P. (Eds.). (2005). *Sexuality down under: Social and historical perspectives*. Dunedin, New Zealand: University of Otago Press.
- Klepinger, D.H., Lundberg, S., & Plotnick, R.D. (1995). *Adolescent fertility and the educational attainment of young women*. *Family Planning Perspectives*, 27(1), 23-28.
- Luker, K. (1996), *Dubious conceptions: The politics of teenage pregnancy*. Harvard University Press, Cambridge, MA.
- Mantell, C.D., Craig, E.D., Stewart, A.W., Ekeroma, A. J., & Mitchell, A. (2004). *Ethnicity and birth outcome: New Zealand trends 1980-2001: Part 2. Pregnancy outcomes for Maori women*. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 44, 537-540.
- McCullough, M., & Scherman, A. (1991). *Adolescent pregnancy: Contributing factors and strategies for prevention*. *Adolescence*, 26(104), 809-816
- Medora, N.P. & Von Der Hellen, C. (1997). *Romanticism and self-esteem among teen mothers*. *Adolescence*, 32(128), 811-824.
- Monahan, K. (2006, October 14). *Kids having kids*. Waikato Times.
- Oakley, A. (1992). *Social support and motherhood*. Blackwell Publishers: Oxford.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Sage Publications: California.

- Perrin, K.M., & McDermott, R.J. (1997). *Instruments to measure social support and related constructs in pregnant adolescents: A review*. *Adolescence*, 32(127), 533-557.
- Phoenix, A. (1991). *Young mothers?* Polity Press: Cambridge.
- Rimene, C., Hassan, C., & Broughton, J. (1998). *Ukaipo: The place of nurturing*. Te Roopu Rangahou Houora Maori o Ngai Tahu.
- Schultz, K. (2001). *Constructing failure, narrating success: Re thinking the 'problem' of teen pregnancy*. *Teachers College Record*, 103(4), 582-607. Teachers College: Columbia University.
- Soutar, M. (1994). *Tribal history in history: Oral history in New Zealand*. *National Oral History Association of New Zealand*, 6, 29-40.
- Spear, H.J. (2001). *Teenage pregnancy: Having a baby won't affect me that much*. *Paediatric Nursing*, 27(6), 574-580.
- State Services Commission (2005). *The treaty of Waitangi information programme*. Wellington, New Zealand: State Services Commission.
- Statistics New Zealand. (2001). *Census snapshot: Maori*. Wellington: Author.
- Statistics New Zealand. (2006). *Quickstats about Gisborne region*. Wellington: Author.
- Statistics New Zealand. (2006). *Abortions year ended December 2006*. Wellington: Author.
- Theriot, J.G., Pecoraro, A.G., & Ross-Reynolds, J. (1991). *Revelations of adolescent mothers: An intensive case-study approach*. *Adolescence*, 26(102), 349-360.

Voight, J.D., Hans, S.L., & Bernstein, V.J. (1996). *Support networks of adolescent mothers: Effects on parenting experience and behaviour*. *Infant Mental Health Journal*, 17(1), 58-73.

Voydanoff, P. & Donnelly, B. W. (1990). *Adolescent sexuality and pregnancy*. London: Sage Publications.

Woodward, L. J., Horwood, L. J. & Fergusson, D. M. (2001). *Teenage pregnancy: Cause for concern*. *New Zealand Medical Journal*, pp. 301-303. New Zealand Medical Association.

Work and Income New Zealand. (2006). *The young parent childcare payment: Fact sheet*. Ministry of Social Development, Wellington: New Zealand.

Work and Income New Zealand. (2007). *Work and income*. Ministry of Social Development, Wellington: New Zealand. Retrieved November 19, 2007 from <http://www.workandincome.govt.nz/about-us/service-charter.html>

## **APPENDIX A:**

### **Young Maori Mothers and Social Support Information Sheet for potential case study participants**

#### **What is the project about?**

The overall purpose of this research is to study the role of social support in helping adolescent Maori mothers cope with pregnancy, birth and motherhood, with a particular emphasis on its role in enabling them to continue at school. I hope to identify any gaps in the social support services and make suggestions which will make things easier for other young mothers.

#### **Who is the researcher?**

Ko Casey Rawiri toku ingoa,  
Ko Ngati Porou raua Ko Ngati Kahungunu toku iwi,  
No Turanganui-a-kiwa ahau.

Kia ora, my name is Casey Rawiri and I am a 22 year old student studying Psychology at the University of Waikato. I am a young Maori woman who is interested in Maori and the challenges they face and working towards making changes. I have a strong passion for issues concerning youth in New Zealand.

#### **What will I be asked in the interview?**

I would like to talk to you about your own experiences as a young mother. This will involve discussing your background, your pregnancy, the birth of your child and also taking care of your child. I will ask you about the amount of social support you have or have not received and what you feel would have helped in your situation. Another aspect of the interview will be discussing your education plans and the impact this will make on you and your child's future.

#### **What will happen to my information?**

The notes gathered from your interview will be used as the basis of my research for my Masters thesis. I would also like to use the material for articles for publication. All recorded information will later be destroyed after publication.

#### **Can I check my information?**

Yes. Once I have written up your interview notes, I will return them to you for your approval. We will discuss a safe way of doing this at the end of your interview.

#### **Will other people know who I am?**

No. In writing up the research findings I will use pseudonyms (False names) and erase or disguise potentially identifying information such as place names, occupations and easily identifiable events. However, while I will take all possible care in protecting your privacy, it is possible that you may be recognized by people closely involved with you.

#### **What if I agree to participate and then change my mind?**

You may stop the interview at any time. You may withdraw from the research at any stage up until the time you approve of your interview notes to be used. If you do

withdraw from the project, any information recorded about you will be immediately returned or destroyed.

**Will I be asked to sign anything?**

Yes. Before you begin, I will ask you to sign a consent form acknowledging that you have been adequately informed about:

- The study
- What you are being asked to do
- What will happen to your information
- Your right to withdraw without being disadvantaged or penalized

**Who can I speak with about my participation in this project?**

If you have any further questions or concerns please feel free to contact either myself (Casey Rawiri) or my supervisor (Neville Robertson).

## **APPENDIX B:**

### **Interview Guide**

#### **Background: So to start with, I'd like to learn a little about your background**

- Where are you and your family from?
- What is your family background
  - a. How many people in your family?
  - b. Your relationship with family members?
  - c. What contact do you have with family members?
- Is there any history of teenage pregnancy within your family?
- What life goals/expectations did you have before you learnt of your pregnancy?
- How old were you when you found out you were pregnant and when you gave birth?

#### **Learning of Pregnancy: So what was it like to suddenly find out that you were pregnant?**

##### **Context**

- a. Living Circumstances. Before / After
- b. Relationship with father of child. Before / After
- c. School (Did you enjoy attending school before you became pregnant?) Before / After
- d. Expectations Before / After

#### **Challenges: What were your main worries or concerns at that time?**

- a. Social relationships with family, parents/partner (Judged by others, being accepted or not, maintaining friendships etc)
- b. Financial (Benefits, Employment, Support from parents or partner etc)
- c. How did you make the decision to carry on with your pregnancy?
- d. Health (How were you looking after yourself during and before this period, Fitness? Smoking? Eating habits, Sleeping habits, Social habits, Drinking alcohol any Health problems etc)

#### **What support was most beneficial during this time?**

- a. Family
- b. Partner/Baby's father
- c. Friends
- d. Social services (Family Planning, doctor, school nurse)
- e. Neighbours
- f. Church
- g. Employers
- h. School
- i. Iwi/Hapu
- j. Other (being involved in sports / groups / youth clubs)
- Was support sought out or was it readily available to you and offered?

**Looking back, what other sorts of support and help would have been really useful?**

- a. Emotional
- b. Material
- c. Practical
- d. Information
- e. Network

**Your Pregnancy: So after learning of your pregnancy how did you find your pregnancy?**

**Context**

- a. Living circumstances
- b. Relationship with father of child
- c. School
- d. Expectations

**Challenges: So what were the hardest things about being pregnant?**

- a. Social relationships with family, parents/partner (Judged by others, being accepted or not, maintaining friendships etc)
- b. Financial (Benefits, Employment, Support from parents or partner etc)
- c. Health (How was your health during your pregnancy, any problems)
- d. Lifestyle changes

**What support and other things really helped at that time?**

- a. Family
- b. Partner/Baby's father
- c. Friends
- d. Social Services (Antenatal care, Family Planning, Doctor, Midwife, Plunket, Parent line)
- e. Neighbours
- f. Church
- g. Employers
- h. School
- i. Iwi/Hapu
- j. Other (being involved in sports / groups / youth clubs)
  - Was support sought out or was it readily available to you and offered?

**Looking back, what other sorts of support and help would have been really useful?**

- a. Emotional
- b. Material
- c. Practical
- d. Information
- e. Network

**The Birth: So tell me about the birth...**

**Context**

- a. Where did you give birth? (Hospital, Home, Birth clinic)
- b. Who attended the birth of your child?
- c. Mother and baby's health

**Challenges**

- a. Birth plan (Who did you plan on attending, Did your birth plan go accordingly, birthing partner, How did you plan to give birth, medication/pain relief etc)
- b. Complications with baby
- c. Expectations

**What support and other things really helped at that time?**

- a. Family
- b. Partner/ Baby's father
- c. Friends
- d. Social Services (Doctor, Nurse, Midwife)

**Looking back, what other sorts of support and help would have been really useful?**

- a. Emotional
- b. Material
- c. Practical
- d. Information
- e. Network

**Caring for baby****So what has it been like caring for baby?****Context**

- a. Living Circumstances
- b. Relationship with father of child
- c. Expectations

**Challenges**

- a. Social
- b. Financial
- c. Health (Breastfeeding)
- d. Caring for your child
- e. Lifestyle changes (Adjusting to life as a mother)

**What support and other things really helped at that time?**

- a. Family
- b. Partner/Child's father
- c. Friends
- d. Social Services (Plunket, Family Planning, Birthright)
- e. Neighbours
- f. Church
- g. Employers
- h. School
- i. Iwi/Hapu
- j. Other (being involved in sports / groups / youth clubs)
  - In situations where childcare was needed has support been available? (Sickness, time out, sports/leisure, work, study etc)

**Looking back, what other sorts of support and help would have been really useful?**

- a. Emotional
- b. Material
- c. Practical
- d. Information
- e. Network

**Education**

The intention for this section of the interview is to identify if there is a link between the levels of social support and the decision to continue with education or not.

- How did you make the decision to continue/not continue with your education after your baby was born?
- How do you feel about that decision?
- How do those in your life feel about your decision to continue/not continue with education?

**For those in school:**

- What have been the main challenges in continuing your education once you became a mother?
- What things have been helpful in enabling you to continue your education?
- Looking back, what help would have made things easier for you to stay in school?
- What impact do you think the decision to continue with education will make on your child's future? (Was this a 'decision' as such?)
- Do you feel that this decision has affected the amount of support you have received?

**For those not in school:**

- Is there anything which might have helped you to continue your education?
- What impact do you think the decision not to continue with your education will make on your child's future? (Was this a 'decision' as such?)
- Do you feel that this decision has affected the amount of support you have received?