GRUP DE RECERCA EN INFÀNCIA I ADOLESCÈNCIA EN RISC SOCIAL

MOTHERHOOD OF ADOLESCENTES IN CARE IN CATALUNYA

Dr. Nair Zárate
nirzaranirzara@gmail.com

Dr. Josefina Sala
fina.sala@uab.cat

Dr. Laura Arnau
laura.arnau@uab.cat

STUDY APPROACH

In a previous study by IARS, the results showed a high proportion of teenage pregnancies of young girls in care (30.4%). Being a teenager with a child makes it difficult to enter the labor market and is associated with low economic levels, places limitations on access to education and the labor market on a whole, and dependency on their partner (Borkowski and 2002; Brooks-Gunn and Chase- Lansdale, 1995; Coley and Chase-Lansdale, 1998; Delgado, 2011; Furstenberg, Brooks-Gunn and Chase-Lansdale, 1989; Hayes 1987; Hechtman, 1989; Rosenheim and Testa, 1992). This situation is most dramatic for a young woman who is trying to make the transition to adulthood without the support of a family, often with a low educational level, without a home or a stable social support network. Courtney et al. (2005) observed that in the US 32% of girls and 14% boys who had been with foster parents until 19 years old and upon arriving at this age, about half of the girls would have been pregnant. Other previous research already pointed greater propensity girls supervised premature motherhood (Oz and Fine, 1988; Quinton, Rutter and Liddle, 1984; Hall et al, 2009; Wolkind, 1977).

The children of young mothers in care were found to be three or four times more likely to end up being in care themselves (Franzen, Vinnerljung and Hjern, 2008). Young mothers who have overseen significant problems in their maternal role (Quinton, Rutter and Liddle, 1984), had more parental stress due to unrealistic expectations of parenting (Budd, Holdsworth, HoganBruen, 2006), worse educational outcomes and worse employment than other teenage mothers who were not in care (Cook, 1994). Considering the vulnerability of young people in care, combined, these are a group at high social risk (Budd, Holdsworth, HoganBruen, 2006). In Catalunya, CRAES provide access to contraception for girls in care. If a girl becomes pregnant, educators analyze the situation with her and if she decides to abort, and the legal situation permits it, the educators go along with this process. Surprisingly with the contraceptives that are available, and the possibility of access to abortion, there continues to be a high percentage of girls in care who end up becoming pregnant. Dispite schools teaching preventative measures with young people - informing and providing the means contraceptive methods - it is not thought that this is the reason that can explain these high rates of pregnancy. That is why this study is aimed at analyzing the impact of cognitive, affective and cultural factors on the high rate of teenage motherhood.

METHODOLOGY

Participants

The study sample was composed of four groups with a total of 72 girls aged between 15 and 19 years old. Two of the groups were composed of girls in care, 18 teenagers from two CRAEs and 18 adolescent mothers from two maternity homes. There was also a group composed of 18 girls from a regular high school and a group of 18 girls from a disadvantaged context who were attendees at a youth foundation in Ciutat Vella. The high school group was composed mainly of young Catalan girls, while the other three groups there were also many young immigrants from Latin America or Africa.

Instruments

In order to get the information about the beliefs, opinions and ideas from the girls, a semi structured interview was designed. Interview topics included general data (age, nationality, etc) about beliefs, opinions, emotions, expectations and experiences of motherhood and family and cultural references. 16 experts validated the interview both in content and form.

They were also given a test of socio-emotional abilities (EQi). The EQi test, developed by Bar-On (1997), is a self-report test designed to measure emotional intelligence. This test has 133 items divided into 15 subscales grouped into five components: 1) Intrapersonal (comprising Self-Regard, Emotional Self-Awareness, Assertiveness, Independence, and Self-Actualization); 2) Interpersonal (comprising Empathy, Social Responsibility, and Interpersonal Relationship); 3) Adaptability (comprising Reality-Testing, Flexibility, and Problem-Solving); 4) Stress Management (comprising Stress Tolerance and Impulse Control) and 5) General Mood (comprising Optimism and Happiness). The test also has two scales: one to assess the tendency to give a positive or negative impression of oneself, and another to measure inconsistent answers.

Procedure

The girls in care were contacted through the director of the centers. They asked the girls to participate voluntarily. They were informed that they could leave the interview at any time if they felt uncomfortable, and that the data would be confidential. The duration of the interview was between 20 and 30 minutes depending on the adolescent. All interviews were recorded and later transcribed literally, to finally analyze the content.

MAIN RESULTS

From the categorical analysis four dimensions with different categories emerged: the family (parental model, family concept and role of a future mother), affective factors (partner, attributions to the lack of emotional support, emotional attributions), cultural factors (age at when it was culturally normal to be a mother and attitudes towards this cultural milestone) and family planning (who plans, priorities in life, motherhood and life project, known contraceptive methods, and methods used).

The differences between girls in care, disadvantaged girls that are not in care and the normative group

Planificació familiar: Most girls in care (84%) and a significant percentage of disadvantaged girls (66%) were sexually active differing from the normative group (28%).

Girls in residential care said that, in the future, they would like to have a partner (89%) and to have children (83%) and none of them mention any vocational or professional projects. By contrast 56% of the girls from the normative group mentioned that they wanted to develop their professional project, but also suggested having a partner (72%), half of them wanted to be a mother (56%). These differences could be explained in part by the environment, given that only 28% of young disadvantaged mention professional projects.

A higher percentage of the girls in the normative group (78%) and disadvantaged group (72%) than adolescents in care (44%) had a negative attitude towards teenage motherhood. Moreover, girls from the normative group (94%) and the disadvantaged group (62%) thought that a major drawback of teenage motherhood is being forced to leave school, but only 14% of the adolescents in care suggest this idea.

Family: Mothers from the girls in care and the disadvantaged group were younger (18 to 19 years on average) than mothers from the normative group (26 years on average).

Affective factors: More of the girls in care had a partner (67%) compared with disadvantaged girls (44%) and the normative group (28%).

Cultural factors: Both disadvantaged girls and mothers in care said it was normal in their culture to be a young mother (15 and 16 years on average), while the normative group said that the normal age to be a mother was around 24. However, the majority of the girls in care (72%) and disadvantaged girls (84%) were against being a mother so young. They believe that it would be desirable to be aged was 22 years for the in care group and 25 by the underprivileged group.

Socio-emotional skills: Girls in care obtained s**ignificantly** lower scores than the normative group in the overall **emotional intelligence** (97.31 vs. 108.52); on the scale of self-actualization (97.1 vs. 107.7) of the **intrapersonal** component, on the scales of empathy (98.0 vs. 108.2) and social responsibility (100.1 vs. 105.8) of the **interpersonal** component (97.56 vs. 107.57); problem-solving (98.0 vs. 106.4), reality-testing (99.9 vs. 108) and flexibility (97.7 vs. 106.6) of the **adaptability** component (98.00 vs. 109.30); the scale of happiness (94.7 vs. 106.7) of the **affective** component (95.86 vs. 106.58); scales of stress tolerance (97.6 vs. 106.8) and impulse control (98.0 vs. 105.9) of the **stress management** component (97.53 vs. 107.21). We did not observe significant differences between the scores for the girls in care and for the disadvantaged group with the exception of **happiness** (94.7 vs. 102.3); As these lower scores could be attributed primarily to the disadvantaged environment but not to the fact of being in care.

Differences between mothers in care and girls in care

The major differences in perceptions: 44% of mothers in care were not using condoms before becoming pregnant, whereas those sexually active girls in care who were not mothers, only 14% of them were not using condoms.

The proportion of girls who thought that the father has a primarily financial role is greater in the group of mothers in care, compared to those girls in care who are not mothers (56% vs 38%), although few of them assigned the role of education and emotional support to the father; and agree that the role of the mother fundamentally is to care, to educate and to a lesser extent, to love and to support financially (44-34%, 34-28%, 34-28%, respectively).

84% of mothers in care said that motherhood has made them feel better about themselves, although many express that their relationship with their partner had worsened (75%) and that the partner did not show interest in the child (56 %).

Socio-emotional skills: Young mothers in care achieved significantly lower scores compared with other young mothers in the **overall index of emotional intelligence** (89.03 vs 105.59); **intrapersonal elements** (90.3 vs 107.9) both the awareness of emotions (92.5 vs 105.2) as self-regard (92.4 vs 108.3), or self-realisation (89.8 vs 104.4); **elements of adaptation** (90.9 vs 105.2), especially in regard to the assessment of reality (91.7 vs 108). As for the different elements; the levels of stress management and the emotional levels were of lower ratings but without statistical significance.

It was observed that young mothers in care did not differ significantly from the girls not in care from the normative group. Therefore, the experience of motherhood seems to have reversed the negative effect observed in the scores of young people in care.

CONCLUSIONS

The highest rate of teenage motherhood regarding youths in care found three main factors converging. On one hand, the **fact that they were starting sex long before most girls of their age** not in care and on the other hand, their l**ife project was to be a mother and having a partner and these two factors are key elements and almost exclusive**, since they do not include vocational or professional projects. **They also have a more favorable attitude towards teenage motherhood** and they don't evaluate the impact of this.

Both girls in care and girls from deprived backgrounds perceive themselves to have lower socio-emotional skills than girls from the normative group, however, this negative perception is shared with other girls from disadvantaged environments, but girls in care feel less happy than girls from disadvantaged backgrounds. Surprisingly **being a mother makes the perception of their own socioemotional skills more positive than in the case of girls in care who are not mothers**. These results indicate that **motherhood certainly opens the door to having a greater emotional well-being, at least during the early years of the child.**

This study would not have been possible without the co-operation • DGAIA, FEDAIA, schools that participated in the study and financial support from the Ministry of Education (EDU2010-16134) and the Catalan Institute of Women (U68 / 10).