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Exploration of the experiences of young mothers seeking and accessing health services

Abstract

Objective: The objective was to explore young mothers' experiences of seeking and accessing health services, specifically maternity care.

Study Design: A phenomenological approach underpinned by the work of Husserl and guided by the framework offered by Giorgi was utilised.

Participants: A purposeful sample of seven young mothers took part in audio-recorded unstructured interviews, which took place in either the young mother's home or in a private room at their GP practice.

Findings: Six themes emerged from the initial thematic analysis: (1) feeling abandoned, (2) information is vital, (3) feeling judged, (4) family and friends, (5) interference, (6) younger mothers need additional support. Once an attempt was made 'to bracket' the preconceptions evident within the initial analysis, the essential themes describing the young mothers' experience of accessing healthcare were identified: 1. The need for support and information; 2. The fear of stigmatisation and stigmatisation of self.

Key Conclusions: The young mothers in this study experienced a need for support and information, which reflects the findings of previous studies. This study has added to the knowledge base as it also found that these young mothers were hindered from obtaining or making use of available support and information through fear or expectation of stigmatisation and self-stigmatisation.

Implications for Practice: Midwives' and Public Health Nurses' improved understandings of some young mothers' perceptions of stigmatization and self-stigmatization will equip them with ability to empathize with their position. Associated with this recognition is a need to extend availability of support and information. One-to-one education may be of benefit to help young mothers gain confidence in dealing with their pregnancy and parenthood issues.

Exploration of the experiences of young mothers seeking and accessing health services

Introduction

Due to lack of life experience and knowledge, many young mothers require additional help and support from health care professionals during pregnancy, birth and the postnatal period (Smith & Roberts, 2009). The lack of clarity in the processes by which extra support is provided has made evaluation of effectiveness of care difficult (Smith & Roberts, 2009; Swann et al., 2003). This merits an enquiry to expand understandings of what current experiences of maternity care are like for some young mothers. To raise awareness of this matter, this paper discusses a research study that was carried out to explore the experiences of young mothers who seek and access maternity care during pregnancy, birth and the postnatal period. The authors conducted this research as a forerunner to a larger study that proposes to survey young mothers help and support needs during pregnancy, birth and the postnatal period. The purpose of this qualitative component was to generate items for a scale intended to measure young mothers' perceived support needs from a health and social care perspective. As Carpenter (2007) identifies, the phenomenon of interest should guide the method choice. Since young mothers' experiences were being enquired upon, this directed the authors to select a phenomenological approach. The methodology was underpinned by the work of the German philosopher Husserl and all three authors agreed that the method offered by Giorgi (1997) was appropriate for addressing the research question.

The impetus for the study came from the literature review which identified the recurring theme of the need young mothers have for support. Much of the literature is concerned with documenting young mothers' poor health outcomes (Herman, 2006) and characterising their position as a unique and vulnerable group who often feel isolated and require support. Despite government strategies aimed at lowering young parents' risk of long term social exclusion, little success has been reported with achieving this aim (Smith &

Roberts, 2009). In addition, research about how to improve support is limited (Swann et al., 2003). This shortfall prompted an in-depth exploration to gain insight into young mothers' experiences of service providers and the support made available to them during pregnancy, childbirth and the postnatal period.

Literature Review

The literature review focused on the physical and social challenges that young mothers face and the support that has been made available to them. Papers were required to be from a country with a comparable obstetric and social care system to that of the United Kingdom. Since the authors wished to include both quantitative and qualitative methods, a strict hierarchy of evidence was not applied. An online search accessed OVID, CINHAL, PUBMED, MIDIRS and BMJ for papers published between 1985 and 2011. Key search terms included: *support*, *health*, *teenager*, young mothers, *pregnancy*, *birth*, *health visitor*, *public health nurses,* and *services*. The initial review identified 103 articles, with this number relative to inclusion criteria reduced to 49. The literature retrieved included many research and discussion papers, as well as discussion papers focussing on government initiatives and policies.

It became evident that over the last two decades successive governments in the UK have regarded young mothers as problematic to society, with a reproachful outlook sometimes used when discussing their management (Arai, 2009). In attempts to tackle this discrediting approach, New Labour developed a Teenage Pregnancy Strategy (Hughes, 2006), which set about admonishing attributions of immorality attached to young motherhood. Instead they focused upon reducing social exclusion by increasing young mothers' participation in education and employment post childbirth. The Teenage Pregnancy

Strategy (Hughes, 2006) set a target to reduce the rate of under age18 conceptions by 50%, which would reduce figures from 46.6 per 1,000 to 23.3 per 1,000 by 2011.

Pregnant teenagers face more obstetric challenges than women in their twenties and thirties, for example statistics quoted in the Teenage Pregnancy Strategy (Hughes, 2006) report that teenage mothers are three times more likely to smoke throughout pregnancy than their non-teenage counterparts. They are also 50% less likely to breastfeed. These factors will predictably contribute to the increased infant mortality rates, which are 60% higher compared with non-teenage mothers (Hughes, 2006). Costs to the NHS (National Health Service, UK) of teenage pregnancy was estimated to be around £63 million in 1999 (Berne & Huberman, 1999), with projected price altering in response to economic inflation and fluctuating numbers of childbearing teenagers.

Further risks are socio-economic in origin (Makinson, 1985), with young mothers realising lower levels of educational achievement (Stevenson et al, 1998). In 1999, 40% of 16-19 year old mothers had no qualifications and only 30% were in employment, education or training, compared with 90% of their non-pregnant counterparts (DoH, 1999). Poverty is the factor most strongly associated with young motherhood (Coley & Chase-Lansdale,1998; Coren & Barlow, 2003; DuPlessis et al., 1997; Hardy et al., 1997; McLeod et al., 2006), with non-marital birth a key factor (Moore, 1995). Numbers of young mothers are disproportionately concentrated in poorer communities characterised by inferior housing, higher crime rates, sub-standard schools and limited health care provision (Maynard, 1996). Young women with below average academic skills more often originate from families beneath the poverty line and are five times more likely to become teenage mothers than those with solid skills from above average family incomes (Brindis, 1997). Consequently, young mothers are more likely to have low paid jobs, be in receipt of benefits and struggle with child care (Ghysels & Wim, 2010).

In addition, young mothers commonly experience stigmatisation from the general population (Cronin, 2003; Hendessi & Dodwell, 2002; Smith & Roberts, 2009), and more disturbingly from public service providers (Hanna, 2001). A stigmatised person is perceived to possess attributes that act to devalue their identity within a particular social context (Major & O'Brien, 2005). The Teenage Pregnancy Strategy (DoH, 1999) links young motherhood to social exclusion and ascribes this life position as low status within society. In this context, young motherhood represents a risky position in terms of economic and social status (France, 2008). It has been proposed that some young mothers cope with stigma by creating a 'consoling plot' (Kirkman et al., 2001), or 'good mother identity', whereby they underscore their assets in order to construct a positive social identity (McDermott & Graham, 2005). In doing so, they demonstrate belief in themselves as competent mothers and stress their advantages in comparison to older mothers. Other methods of coping with their life position include an increase in dependency on family and friends (Whitehead, 2001), who provide protective armoury and assist avoidance of people and public services that make them feel stigmatised (Department for Children, Schools and Families, 2007; Hanna, 2001). A perception of low acceptance in the community reduces self-esteem and personal drive to establish supportive social networks (Link & Phelan, 2001). The incumbent poverty, lack of educational achievement, and stigma may explain why teenage mothers are three times more likely to develop postnatal depression than non-teenage mothers (Hanna, 2001). In some instances young mothers receive minimal family support and experience elevated levels of family conflict (Ghysels & Wim, 2010; Letourneau et al., 2004; Spear, 2004). Exclusion from prior social groups can also prevail (Letourneau et al., 2004) and a reduced ability to maintain peer relationships (Clemmens, 2003; Ghysels & Wim, 2010).

In response to this myriad of problems, essential needs of young mothers are to receive support and knowledge about how to care for child and self (Stiles, 2005), with some

protesting lack of availability of information, services and social support systems (Burack, 2000; De Jonge, 2001; Hanna, 2001; Smithbattle, 2007; Smith & Roberts, 2009). There are also reports that some health care professionals are unhelpful, patronising and judgemental towards young mothers (Hanna, 2001; Knott & Latter, 1999). Skilled support from professionals is a fundamental part of improving health, enhancing self-esteem, and encouraging retrieval of information (Hall et al, 2003). Accessible information plays a crucial part in preventing adverse outcomes (Dawson et al., 2005; Department for Children, Schools and Families, 2008; Ghysels & Wim, 2010; Hall, 2003; Letourneau et al., 2004; Spear, 2004).

The Sure Start programme was introduced to provide young mothers with intensive support in parenting, child care, housing, health and education (Malin, 2009; MacKenzie et al., 2010). It is part of the British Government's policy to prevent social exclusion and aims to improve the life chances of young children through better access to services for the children and their families (Glass, 1999. An important part of this initiative with regard to young mothers is the provision of family support and advice on nurturing young children. Sure Start workers fashioned courses for young mothers, provided support and assisted with housing, benefits and crèche access. Reports of success include experiencing less isolation, improved self-esteem and understanding of the benefits system (Malin, 2009). Lipman et al. (2010) evaluated the advantage of education and support groups to lone mothers by assessing child development and behaviour, finance management, stress and relationships. Their findings showed that provision improved participants' self-esteem, parenting skills and communication with the infant. The interventions used in the Lipman et al. (2010) study were similar to those used in the Sure Start Program, from which success has been clearly documented (MacKenzie et al., 2010). The Triple Parenting programme was another initiative introduced at about the same time as the Sure Start programme which aimed to support parents. This programme was initially designed and implemented in Australia

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(Sanders, 1999) prior to its implementation in the United Kingdom. Through the use of five increasing levels of family support it has proved successful at reducing behavioural, emotional and developmental problems in children by enhancing knowledge, confidence, self-sufficiency, skills and resourcefulness of parents (Sanders, 2003, 2008).

The recurring theme is that young mothers require support, with effective initiatives including group work, meetings with other parents and education (Cronin, 2003). Current policy guides that these initiatives are geared towards reducing social exclusion (DoH, 2009; Halliday & Wilkinson, 2009; Harden et al., 2006). Much of the literature is concerned with documenting young mothers' poor health outcomes (Herman, 2006) and characterising their position as a unique and vulnerable group who often feel isolated and require support. Despite government strategies aimed at lowering young parents' risk of long term social exclusion, little success has been reported with achieving this aim (Smith & Roberts, 2009). In addition, research about how to improve support is limited (Swann et al., 2003). As stated in the introduction this shortfall prompted an in-depth exploration to gain insight into young mothers' experiences of service providers and the support made available to them during pregnancy, childbirth and the postnatal period. This exploration and the associated literature review will facilitate the development of a questionnaire to survey young mothers' help and support needs during pregnancy, birth and the postnatal period.

Aim of the study

To explore young mothers' experiences of seeking and accessing health services

Study objectives

1. What do young mothers think of the support services available to them?

2. What are young mothers' experiences of their encounters with health professionals and other service providers?

Methodology

As the aim of this study was to explore young mothers' experiences of seeking and accessing health services, this directed the authors to select a phenomenological approach. As Streubert and Carpenter (2011) indicate, the goal of phenomenological research is to describe lived experience. However there is not one 'phenomenology', rather there are a number of schools of phenomenology (Dowling, 2007; Fleming et al, 2003; Spiegelberg, 1975; Streubert and Carpenter, 2011). This gives researchers the task of selecting a phenomenological approach that is appropriate to their question. An approach underpinned by the work of Husserl was considered appropriate to address the aim of the study as the researchers wished to identify the 'essence' of, or 'key' to, the experience of young mothers seeking maternity care.

A number of researchers have developed procedural steps for undertaking research underpinned by Husserl's phenomenology. Dowling (2007) indicates that three psychologists (Colaizzi, Giorgi, and van Kaam) have attempted to establish reliable methods for conducting phenomenological research. As Dowling highlights all three have proposed methods with very similar steps but that only Giorgi continues to write regularly about the use of phenomenology as a method for the human sciences. As such his work has been utilised by a number of researchers. Giorgi's method was therefore selected to guide this research. Giorgi (1997) suggests that all qualitative research has to have a minimum of five steps: (1) collection of verbal data, (2) reading of the data, (3) breaking of the data into some kind of parts – in this case, 'meaning units', (4) organisation and expression of the data from a disciplinary perspective, and (5) synthesis or summary of the data for communication to the academic community. These steps will be considered in the following section which discusses the methods. A phenomenological method should include the ideas of phenomenological reduction, description and the search for essences (Giorgi, 1985).

Phenomenological reduction refers to Husserl's demand that we go back 'to the things themselves' so that 'the things' are viewed afresh (Streubert and Carpenter, 2011). 'The things' in this case are young mothers' experiences of accessing healthcare, specifically maternity care. This required the researchers to attempt to bracket or put aside past knowledge or beliefs about the experience of young mothers.

The aim of the description is to communicate the critical elements of the phenomenon and in the case of this article will be represented by the discussion of the results which relates to step 5 in Giorgi's method. Giorgi (1997) explains that the essence of a phenomenon is a fundamental meaning without which a phenomenon would no longer be the phenomenon in question. In the context of this research the fundamental meaning sought was - What was the 'essence' of, or 'key' to, the experience of the young mothers?

Methods

(1) Collection of verbal data.

Unstructured interviews were carried out with young mothers in a Scottish city. All interviews were audio-recorded and transcribed verbatim. Prior to contacting any potential participants, the study was submitted for ethical scrutiny by the NHS Ethical Scrutiny service. The Chairman of the relevant Ethics committee of the participating University was then notified of the study and the ethical approval that had been gained. Permission was sought and obtained to gain participants from a GP practice in a major Scottish city. Purposive sampling was undertaken to ensure that participants could address the aim of the research. Young women who had children between the ages of 2 and 13 months and were on the caseload of Health Visitors within the GP practice, were informed of the study. They were provided with a letter of invitation and an information sheet. Seven chose to participate in the study. While it had been

intended to interview only teenage mothers, a mother of the age of 23 volunteered to take part, so was accepted. The process of informed consent included explanation that they could withdraw from the study at any time without impact on their care. Pseudonyms for all participants are used in this report.

(2) Reading the data

The researchers read and reread the complete interview transcripts. Giorgi (1985) suggests this is necessary in order to gain a sense of the whole experience. During this stage it was noticed that each participant had been asked directly about whether they felt they were treated differently because of their age, an influence of the preconceptions of the research team.

(3)Breaking of the data into meaning units

This involved highlighting statements in each of the transcripts that described the experience of young mothers accessing healthcare or their interactions with healthcare staff.

(4) Organisation of the data

It was during the identification and consideration of meaning units in relation to each other that themes began to emerge. Van Manen (1990) suggests that themes point to aspects of the phenomenon of interest. The six themes that emerged on this initial analysis were: (1) feeling abandoned, (2) information is vital, (3) feeling judged, (4) family and friends, (5) interference, (6) younger mothers need additional support. Giorgi (1997) suggests that 'bracketing' should occur at the point of analysis. By focusing on how the preconceptions evident within the work had influenced both the data collection and the initial analysis, the researchers could concentrate more clearly on the actual experience described by the young mothers.

(5) Synthesis and summary of the data – the discussion of results.

The conscious bracketing of preconceptions at the stage of analysis and the

subsequent second level of analysis provided more of an insight into what was the

essence or key to the experience of young mothers seeking healthcare. This is

presented under 'the results.'

Maintenance of rigour

Qualitative researchers are responsible for establishing the trustworthiness of the research

process and the truthfulness of the analysis. In dealing with the trustworthiness or rigour of a

qualitative process, clear criteria have been laid out by Guba and Lincoln (1989). They state

that the steps of the research process must be clearly identifiable by interested parties. In

other words, auditability is a criterion of truth in qualitative research. This has to include

clear documentation of the various decisions made during the different stages of analysis.

Consequently the steps of the analysis have been described in this paper.

Credibility and confirmability are also considered to be key components of

trustworthiness as described by Guba and Lincoln (1989). The use of direct quotations from

the interview transcripts can help the reader make a judgement in this matter. Turning to the

truthfulness of the analysis, every attempt has been made not to take statements out of

context, or in any other way misrepresent what we believe the young mothers were meaning.

It has been discussed how the researchers' preconceptions influenced both the interviews and

the initial thematic, or first level analysis. The second level of analysis took these into

account. As such this offers a standard for trustworthiness related to the processes of the

research rather than simply to the conclusions of the research.

Results

The second level of analysis showed that these young mothers experienced a need for support

and information. This reflects the preconceptions of the researchers and while these

preconceptions influenced the data collection, open questions asked at the beginning of the interviews and at times during an interview also elicited this need. This second level of analysis also illuminated that hindering the young mothers from obtaining or making use of available support and information was the fear or expectation of stigmatisation and self-stigmatisation.

The need for support and information will be discussed prior to exploring the issues that relate to the fear of and stigmatisation of self.

<u>The need for support and information</u>

This essential theme reflects the initial themes of 'feeling abandoned', 'information is vital' and 'family and friends,' which emerged in the initial analysis and demonstrates a clear connection between the first and second levels of analysis. Open questions used at the beginning of the interviews, and at times during the interviews, elicited responses that identified the need for providing support and information. The following statements made by the young mothers demonstrate this:

Em, at the hospital I didn't get any support at all, you were put to your ward and left. I didn't get asked how I was feeding her and I was bottle-feeding her and I didn't get told that I had to collect the bottles myself and put them away myself, so I was left and didn't know what to do. I didn't get asked if I knew how to change a nappy….I knew like my friend when my friend had her baby and that's how I knew how to change a nappy.. (Sarah).

I felt they could have been there to see me do it more, cause they didn't really stay in the room when I was, the breast feed they just left me to it..so I didn't know if he was getting enough (Clare).

They didn't show me anything, just bath him….they didn't even ask me and then left him the whole night without getting a bottle cos I couldn't get up cos my legs were all, the epidural so I couldn't get up to feed him and they left him the whole night (Jade).

As well as showing that these young mothers needed basic information such as the procedure for obtaining materials for bottle feeding or the provision of support in establishing breast feeding, these quotes show that the women did not ask for the information or help they

required. Possible reasons for this will be suggested in the discussion of the other essential theme, 'fear of and stigmatisation of self'. As Stiles (2005) identified, the fundamental needs of young mothers are the support and information to care for their child appropriately. The concerns and difficulties expressed regarding feeding their newborns indicates that these needs were not met.

The young mothers did not make their needs known to the midwifery staff and the midwives did not recognise the needs of the young mothers in their care. It is unlikely due to the demands of the NMC Code of Conduct (2008) that they chose to ignore the needs of the women in their care. There was however a few instances where a lack of respect to a young mother was seen:

I know one thing I didn't like after the birth, how they latched the baby onto you...they tugged at your clothes and here's your baby kind of thing....I don't know I was kind of confused and I didn't know what the heck was going on. I had a newborn dumped on me and I was like what do I do now (Andrea).

They were good when he was born as I had to get induced and I was in labour for 12 hours solid......they were really good then, but when I went up to the ward they just left you. When they came round with his bottle...I didn't ken it was just supposed to be 30mls and he puked it up most of it...They should have told me how much to feed him...I knew when she got me into trouble when he had just about drunk it all and was sick (Caroline).

To have one's clothes 'tugged at' in order to attach the newborn to the breast is both disrespectful and potentially frightening. A lack of respect was also shown to Caroline who was told off for giving her newborn too much feed. Apart from the inappropriateness of this she had not been given the necessary information about how much a newborn baby could be expected to take. Neither of these young mothers was able to ask for explanation never mind to indicate that they were offended by the attitude of the person supposed to be caring for them.

It is clear from the data that at least part of the reason for this is the fear of being judged or stigmatised and evidence that the young mothers were making negative judgements about themselves and were self-stigmatising.

Fear of and stigmatisation of self

As well as the data showing that where a young mother was not given the information or support this was not asked for, there were also clear statements in the data expressing a reluctance to ask for anything. The following examples demonstrate this:

I think they are gonna think I'm stupid or asking too many questions….when I had Dylan I didn't want to ask too much. You don't want them to think that you were doing things wrong (Natalie)

(I would ask) my mum or my friends as they all have babies I just don't feel comfortable asking (the Health Visitor) for help (Jade).

The fear of appearing stupid or being judged to be doing something wrong may have contributed to the young mothers failing to ask for the information or support to meet the unmet needs identified under the previous theme. However the fear of being seen to be doing something wrong can result in someone doing something inappropriate such as Caroline giving her baby too much fluid and making him sick. The importance of friends or relatives in the support of young mothers is clearly stated by Jade. She states she would ask them as they all have babies but in reality it may be that she does not fear judgement by them. If as found by Herman (2006), Letourneau et al (2004) and Spear (2004) the young mother does not have the support of her family, the risk of her not obtaining necessary support must be increased.

A particular fear preventing a couple of the young mothers in our sample from asking for help was the fear of social services becoming involved as seen in the following quotes:

..being young and they might contact social services if they are not coping and worry about getting their kids taken off them (Clare).

The nursery he is in now I feel so much more comfortable talking to the nursery teachers than I did at the family centre because I know they are not part of social work and they don't judge you really... (Natalie).

While social services are there to support vulnerable individuals this is not how they are perceived by these young mothers. What gave them these negative ideas was not explored with them which is unfortunate as valuable information may have been gained from this. It could for example have illuminated what had caused the fear of being judged by social services. The fear of being judged was not just expressed in relation to social services as seen in the following:

They just don't want to be judged do they, I wouldn't want to be judged if I ask for help with Cody, because I wasn't working and didn't have the big career before I had him. They can look down at you compared to an older lady with a baby Cody's age. They look at you totally differently (Caroline).

It is not certain that anyone was looking down on this mother, but she was making a negative judgement on herself due to not having a job and the perception that she was younger than many of the mothers. The perception of being treated differently because of age is seen also in the following:

I found after in the labour ward I was left for ages after I had her before I got put through to the ward, after that the treatment was really good, compared to when I had Dylan, with Dylan I was a lot younger. I found that they were a lot more what's the words....like treated me like an adult this time around. When I first went into hospital (with her first child at the age of 18)...the lady didn't have a nice attitude towards me like as if I'd come to hospital too early. With your first child you don't know (Natalie).

Natalie felt that she was treated better and more like an adult when she had her second child. It is relevant to note that she was our one non-teenage participant. It could be suggested that she felt more like an adult when having her second baby and even perhaps that she thought she were a bit young for motherhood when she had her first child. It could however simply be because she had already had the experience of labour and giving birth and

therefore knew what to expect. Whatever the reason for Natalie feeling she was treated more like an adult, the birth of her second baby was a more positive experience for her.

There was also evidence in the data that the young mothers could ask questions of some healthcare professionals, not just of family members or friends, for example in the following quote:

I always have questions to ask but Sally (Health Visitor) is very good she always answers them……it was just people at my work...quite a lot of the older women kind of look down at you a bit (Clare).

While Clare mentions the recurring perception of 'older women looking down' on her, she identifies that she always has questions for her Health Visitor and that the Health Visitor always answers them. This is how healthcare professionals wish to be perceived and are required to behave according to the Code (NMC, 2008). While our analysis shows that some healthcare professionals fall short from this ideal, it also suggests that the young mothers in our sample had a fear of being stigmatised and were stigmatising themselves. This prevented them from asking for the care and support they needed.

Discussion

The finding that the fear or expectation of stigmatisation and self-stigmatisation could hinder the young mothers in our study from obtaining or making use of available support and information is important. Clearly, some young mothers are more affected by stigmatization and self-stigmatization than others, and some are better able to cope with their situation. The stigma experienced by some young mothers, though powerful and enduring, is not inevitable, and can be challenged.

The development of a questionnaire from the results of the present study and the associated literature review will allow midwives and Public Health Nurses to identify when issues of stigmatisation or self-stigmatisation are arising. They can then take action to alleviate the situation. Whilst the results of a small phenomenological study are not generalisable,

they may be transferable to similar client groups or situations. In addition, stigma is not only an issue pertaining to young mothers. For example, in an exploratory qualitative study carried out by Furness et al (2011) in England to look at the perspectives of women and midwives on maternal obesity support services, the issue of stigmatisation was identified. It was found that while the midwives felt that there was a greater acceptance of obesity nowadays, the women felt stigmatised due to their weight and vulnerable to negative judgements.

To confront stigmatization, efforts should be made to educate midwives and Public Health Nurses to be more aware of this negative possibility. With respect to young mothers in particular, efforts could be made to enable them to feel empowered and reduce negative self perception. In an interpretive phenomenological study to explore young mothers' lived experiences prior to becoming pregnant, Roberts et al (2011) identified that health professionals need to be non-judgemental and approachable in order to support young women accessing services.

In addition they need to challenge internalized stigma by establishing that the young mothers are respectable women, who take care of their babies, and who deserve respect like any other mother. It is not only the force of rational argument that makes the challenge to the stigma successful, but concrete evidence that young mothers can achieve valued aims, and can be respected by others.

Conclusions and Recommendations

This paper acts in a conscience-raising manner intended to extend midwives' and Public Health Nurses' awareness of some of the experiences young mothers have with seeking and accessing health services. Their improved understandings of some young mothers' perceptions of stigmatization and self-stigmatization will equip them with ability to empathize with their position. Associated with this recognition is a need to extend and

progress the availability of support and information to young mothers. Midwives and Public Health Nurses who show empathy to their life position may increase the willingness of young mothers to disclose their fears and anxieties. Young mothers may also benefit from one-to-one education to help them gain confidence in dealing with their pregnancy and parenthood issues.

Given that some young mothers experience social adjustment problems, further research into understanding their perceptions of maternity service provision would be of benefit. The intended development of a questionnaire and survey will contribute further to this.

With advocacy and sponsorship, strategies could be implemented to improve support provision and availability of information to young mothers. Midwives and Public Health Nurses dedicated to improving consumer satisfaction with maternity service provision require to hear the voices of the young mothers they represent. This entails overcoming barriers and taking advantage of opportunities that work towards improving their experiences of maternity service provision. In addition, implementation of programs similar to Sure Start that incorporate intensive support in parenting and education, may work towards improving young mothers experiences of service provision. Like Sure Start's achievements, success may include reduced experiences of feeling isolated and improvements in self-esteem (Malin, 2009). Such implementations may also show improvements in parenting skills (Lipman et al., 2010).

The primary aim of the questionnaire development is to survey young mothers' help and support needs during pregnancy, birth and the postnatal period. It will be very useful also for assessing the efficacy of any programmes put in place for the support of young mothers.

Limitations

This was a small scale phenomenological study and as such cannot be generalised. However the findings support previous research. A particular limitation is that mothers belonging to only one GP practice in one Scottish city were accessed. It cannot be assumed that they are representative of the population of young mothers. This will have to be considered by the research team prior to development of the questionnaire.

The difficulty in bracketing one's preconceptions is also a limitation of the study. However Giorgi's (1997) method supported the researchers in this activity. He suggests that bracketing should occur at the analysis stage and this allowed the researchers to take account of the preconceptions that had evidenced themselves both during the data collection and initial analysis.

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