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THE MATERNITY EXPERIENCE SEEN BY ADOLESCENT MOTHERS

PhD Thesis Abstract

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Key words

adolescent mother, stigmatization, social construct, social support, ethnicity, motherhood experience

PhD Thesis Abstract

The teenage motherhood discourse as a pathological phenomenon is not only promoted by the mass media; teenage motherhood, the associated factors, and its consequences have been the object of social research for four decades (Furstenberg, 1978). Traditional literature on the subject reflects the extensive interest in the social exclusion of these mothers and their dependence on services. Such traditional scientific research, usually quantitative, has always legitimised specialised interventions, and shaped public policies relating to teenage mothers. The connection to science legitimises such interventions, and can subtly take on political substrata and biological interests, influencing the way in which we experience the world (Foucault, 1980).

The confluence between the slanderous discourses in the mass media, the scientific discourses, and last but not least, my experience as a specialist, who came into contact with teenage mothers' experiences, raised my interest in this subject. Therefore, I started from the assumption that teenage motherhood is a social construct (Macleod, 2001), and I tried, in the theoretical part of my paper, to outline the most important discourses addressing teenage motherhood.

I wanted to grasp the teenage mothers' perception of the motherhood experience, since I consider their experience as an important starting place for future strategies of intervention in the field. In light of this point of view, I used a qualitative approach in my research.

The first chapter of the PhD thesis creates a general framework for the understanding of teenage motherhood by providing relevant domestic and international statistical data, delimiting some conceptual aspects regarding teenage motherhood, and providing information about the way in which teenage motherhood has become an "issue" and about the way this "issue" was approached by public policies. The discourse gradually turns towards the particularities of the case of Romanian teenage mothers.

The terminology used to describe teenage mothers contains numerous inconsistencies (Dennison & Coleman, 1998); some studies even include women under the age of 24 years in the target group of teenage mothers. It is difficult to establish a clear age range for these

mothers because of the inconsistencies relating to the meaning of a young person / teenager in different countries, and even in one country, but in different fields (legal, educational, healthcare, or social protection fields).

In the case of Romania, the legal age is 18, age at which one acquires full legal capacity, according to article 38 of the new Civil Code. Through marriage, an underage child acquires full legal capacity at the age of 16, if they have the approval of the General Social Care and Child Protection Department from the respective administrative-territorial unit. An element of novelty is the introduction of article 40, which provides that “for solid reasons, the Family Court can grant a 16-year old underage child full legal capacity.”

According to the definition of the World Health Organization, a teenage girl is a young girl between the ages of 15 and 19 years old; I use this definition in this paper when referring to teenage mothers.

The United Kingdom used to have the highest teenage pregnancy rates in the European Union until the accession of Romania and Bulgaria. According to Eurostat 2002-2003, the number of live births to women under the age of 19 was 49,633 in UK, as compared to 26,522 in Germany and 3,324 in the Netherlands (Eurostat, 2005). The highest rate in Europe is in the Eastern region (27/1000). Bulgaria has the highest rate on our continent (41/1000).

The provision of such statistical data is relevant since the revisionist authors (Arai, 2003; Duncan, 2007) argue that the pathologisation of motherhood is due, to a certain extent, to the use of statistical data on teenage motherhood, while ignoring some confused variables and focusing only on those aspects that allow and underlie the specialists' intervention. One concrete example is the case of countries such as the United Kingdom and the USA, where although birth rates have been falling over the last couple of decades, teenage motherhood has become an issue because the birth rate for older mothers has begun to decrease much faster than the birth rate for young mothers, and the teenagers born during the baby boom, in their turn, became parents, which resulted in a very large number of births, although the percentage of teenage birth was falling.

Over the course of world history, mothers who could not fit the “normal” behaviour patterns of their times were invariably classified into deviant roles associated with poverty and/ or illegitimacy. A long time ago, the mothers' marital status led to their pathologisation. Today the pathologisation of motherhood is connected to the mother's age: teenage mothers have become a marginalized and stigmatised group, such as unmarried and older mothers were before.

Such beliefs and ideas diffused through the social system are associated with and even shape public policies. Daguerre and Nativel (2006) support in their book, “When Children Become Parents: Welfare State Responses to Teenage Pregnancy,” that there are *four different major categories of arguments* justifying the state’s intervention in this issue: the first argument is the fact that teenagers are physiologically and psychologically unprepared for parenthood; the second argument is that teenagers cannot take informed decisions concerning their sexuality; the third argument is that teenage motherhood results in poverty; while the fourth argument is that at this age the young parents, in their turn, are financially dependent on their parents, and financial autonomy at the age of 18 years is currently difficult to achieve.

In Romania, according to the data provided by the National Institute of Statistics¹ (INS), more than 30000 Romanian teenage mothers give birth annually. The Romanian records of regional fertility rates show that the region with the highest fertility rate for teenagers is the South-Muntenia Region. The fertility rate for teenagers is also higher in the rural than in the urban Romanian areas. The Romanian statistical data reinforce the assumption that there is a relationship between socioeconomic deprivation and motherhood during adolescence, and that poverty is distributed according to geographical or space parameters (fertility rates for teenage mothers are highest in the poor Romanian regions/counties, and such rates are higher in the rural areas for similar reasons).

From the public policy perspective, as a state of well-being, after 1989 Romania underwent another transition stage, during which the distributive policy that had characterised the former communist regime was abandoned, and the consolidation of a new state of well-being was attempted.

From a socio-demographic perspective, we notice that the age of onset of sexual activity and the number of children born outside marriage have both increased. Traditional values have eroded, since young people have become more open to certain aspects of sexuality and cohabitating partners. Although the institution of marriage has lost some of its popularity with young people, it has proven to be quite resilient to such socio-demographic changes; its value was especially passed on by the older generations.

With regard to the issues of teenage sexuality and motherhood, socio-cultural norms are marked by certain residual aspects: the value given to premarital abstinence, the strong influence of the Church, and the minimal intervention at public policy level.

¹ <http://www.insse.ro>

Romanian public policies are still undeveloped in terms of teenage motherhood issues; there exist legal provisions, disparate programmes for this category of people, and provisions that are not necessarily correlated. However, there are no programmatic documents exclusively discussing the issues of teenage mothers, and shaping some specific action plans. As an example, I list here some of the *benefits* provided to teenage mothers, as follows: maternity leave and monthly parental benefit (only if they have uninterruptedly attended full-time classes within the secondary educational system); family allowance; and state child benefit. Mothers can benefit from the following services: psychological counselling, day care services for the children, and maternity centre *services*. Some of the *preventive actions* the legislators have suggested are: educating teenagers and parents in the spirit of family values, parental responsibilities and the new vision of the protection of child's rights within the family; and making premarital counselling legally compulsory for the people of the minimum legal age for marriage who wish to get married. An issue that needs to be specified within this context is that mothers can only request social benefits through their legal representatives, not directly (in case they are not married).

The second chapter intends to theoretically describe the construct of teenage motherhood. First the social constructivism is described, and the social construct is defined as a concept or practice, which is in fact the construction (or artefact) of a certain individual or group of individuals.

From the general theoretical framework of social constructivism, the discussion then turns to the influence of Michel Foucault on social sciences. In this context, discourse is defined as “manifold relations of power which permeate, characterize, and constitute the social body” (Foucault, 1980). In the author's opinion, discourse is the one that establishes a set of regularities that the individual complies with or not. Discourse transmits and produces both power and truth. The French philosopher saw power as experienced and exercised at the microsocial level; later on, Foucault introduced the concept of governmentality, showing that the relations of power between governments and individuals can be studied in the same manner as the relations of power at the microsocial level. Normalisation is another very important concept used by Foucault. In his opinion, power operates through normalisation mechanisms and processes. Thus, modern governing operates through normalisation techniques rather than coercion. Another term that Foucault introduced was that of biopower.

Biopower is the word that Foucault created in order to designate the way in which power operates on the human body. It has two interdependent aspects. The first is the control

over the human species, in terms of population (macrolevel), and the second one is the control over the body (microlevel).

There are some points of convergence between Foucault's work and the wide field of feminism (McNay, 1992; Sawicki, 1988 cited in Macleod & Durrheim, 2002), such as: the focus on sexuality as a key area of political struggle; the extending of political domination over social issues; the criticism of biological determinism, humanism, and the pursuit of "absolute truth"; the critical attitude towards social sciences to the degree that they have contributed to modern forms of domination; the analysis of the policy of personal relations and daily life; and the criticism of the rational subject.

One element that connects Foucault's perspective to feminism is the concept of resistance. In Foucault's opinion, power does not only mean oppression, it can also be used in the opposite way, as liberating power. In this context, teenage motherhood can be viewed as resistance, as an alternative to the "normal" life path (Geronimus, 1991).

Before discussing teenage motherhood, we should first discuss adolescence as a social construct, which can only be outlined against a specific social and historical background, the Industrial Revolution, when young people began to leave their families, and move to the big cities to become apprentice workers and servants. According to Aries (1973, cited in Wilson & Huntington, 2006), this change from dependence to independence influenced the definition of a new stage of development. Such a stage has always created certain anxiety since it was associated with deviance. The emergence of the notion of "juvenile delinquency" at the end of the 19th century and the special attention paid by researchers at the beginning of the 20th century especially contributed to the pathologisation of this stage of development. Therefore, teenage motherhood can be analysed from this perspective of pathologisation, which usually targets young people, together with deviant behaviour, such as drug and alcohol consumption, and juvenile delinquency. Teenage motherhood has a "privileged" position (Arai, 2009) compared to other social constructs due to its complex variables: financial dependence, absent fathers, immaturity, and lack of parenting skills.

As the concept of adolescence has suffered multiple changes over time, according to the different socio-cultural contexts, sexuality has also changed in a similar fashion. Thus, teenage sexuality fits into the two binary categories of "innocence" and "risk", which are arguments in favour of the state's intervention in this issue. The image of women and implicitly teenage girls is that of "easy preys" or "temptation". In this context, Wilson & Huntington (2006) infer the existence of social anxiety about female sexuality.

The discourses on motherhood are marked by certain canons of age, marital status, and employment status. Knudson & Valle (2006) refer to the “suitable” age for becoming a mother, age which is socially accepted, and specify that a woman should have children when she is not too young, not too old, has some educational background, is financially independent and personally mature (Knudson & Valle, 2006 in Daguerre & Nativel, 2006). They also regulate the occurrence of motherhood within families, marriages, secure relationships.

The very frequent use of terms such as “incidence”, “aetiology”, “epidemic”, and “prevalence” in social and medical studies leads to the construction of a pathologic discourse about motherhood, as an abnormal phenomenon.

The discourse on motherhood as pathology transcends the limits of the medical complications of teenage motherhood. The “pathology” metaphor that comprised aspects connected to medical complications and mortality is also extended to include social, educational, and psychological risks, and therefore we talk about complications, “symptoms” such as: school dropout, postpartum depression, dependence on services, and low parenting skills (Breheny & Stephens, 2010). The use of this type of discourse provides a framework for socio-medical research, and suggests the idea of the need of *monitoring* and *intervention*. Monitoring and control are promoted in two manners: one of them involves the monitoring of teenage birth rates so that one can make sure that the situation is under control, and the other one involves the monitoring of teenage mothers by identifying individuals and families at risk.

A concept used by the discourses on motherhood is that of a *good mother* (Johnson, 1990). The dominant political and scientific ideologies create dichotomies such as good mother/ unfit mother, and this good mother/bad mother duality is inherently and intrinsically connected to the social construction of motherhood and teenage mothers.

Another concept that occurs in the discussions about motherhood is the *mother-child dyad*, which focuses more on relationships, and less on the context. In the post-structural feminist perspective (Macleod, 2001), this leads to the “omission of social, structural, and power relationships [...] which results in the obnubilation of the manner in which larger structural relationships permeate and are reproduced within microsocial relationships” (Burman, 1994 in Macleod, 2001); this opinion allows therefore both the idealisation and the pathologisation of mother-child relationships.

The author sees the mother-child dyad as being generally idealised, while the teenage mother-child dyad is pathologised, since it is associated with the mother’s negative feelings towards the child, her insufficient relating to it, her lack of training, or her negative reactions

to the pregnancy. The teenage mother-child dyad actually starts from the premise of the mother's lack of the ability to be a good mother.

The discourse of motherhood as ability contradicts the discourses that see motherhood as instinctual and biological, and is used when discussing teenage motherhood issues. Although this naturalist discourse is generally extremely popular, it is quite marginalized in relation to teenage mother issues. The explanation is simple – if motherhood was considered instinctual, and purely biological, then, given teenagers' ability to have children, this would fit the norms and would not require specialist intervention.

Although motherhood is frequently approached in terms of the mother-child dyad, a comprehensive approach to the teenage motherhood phenomenon should include differentiating aspects of class and ethnicity. Motherhood is generally constructed within some dominant ideologies that relate to social class, race, and ethnicity (e.g. Rutman, Strega, Callahan and Dominelli, 2002; Gillies, 2006), and reflect, for example, the middle to “upper” class, and the values of the white race connected to material resources, family structures and child rearing practices. Motherhood reflects the privileged image of the Western, mononuclear family. The reality of the role of a mother is often different from the image usually idealised by the mass media, and the idealised representation of motherhood makes many women feel inadequate in their roles.

The *economic discourse* approaches teenage mother issues from the perspective of the language specific to the economic field, i.e. in terms of costs, both for the mothers and society. In the context of the exclusive focus on teenage mothers, the costs of biparental, adult families for society are relegated to the background. The economic discourse is in its turn a solid argument for specialist intervention.

This discourse also describes the primary role of individuals as contributors to the economy as a primary role within society, role which is achieved by following the educational path and then joining the labour market. By using the economic role as a valuation criterion, “teenage mothers are positioned as agents of social dissolution” (Macleod, 2002).

Once reviewed, discourses contribute to the creation of “an overwhelmingly negative social construction” (Phoenix, 1993) of teenage mothers, a negative image that is acutely felt by the mothers intrinsically. The third chapter of the thesis will discuss the research into the vulnerability factors and the consequences of teenage motherhood.

Chapter 3 deals with the vulnerability factors and the consequences of teenage motherhood. I chose to treat the two aspects together in order to give a compact image of quantitative and qualitative research works on the matter, in the first place, but also because of

the lack of a consensus on the clear delimitation of factors and consequences of teenage motherhood.

Some of the socio-demographic aspects of teenage motherhood that are discussed in this chapter are: space and geographical particularities, socio-economic vulnerability, ethnicity, intergenerational aspects, parental supervision, and parental monitoring.

A frequently inferred relation is that between the underprivileged environment and the high rate of teenage pregnancy. This assumption was confirmed by some authors, who showed that teenage girls belonging to vulnerable groups are at a higher risk of becoming pregnant (Bonell et al., 2003; Allen et al., 1997). On the other hand, teenage girls from less deprived areas have higher abortion rates (Kiernan, 1997; Rosato, 1999; Allen et al., 1997).

From a space, geographical perspective, research indicates higher numbers of teenage mothers in poor geographical areas. Arai (2007), and Brindis (2006) show that the neighbourhoods or communities can impact on behaviour (including reproductive behaviour), while Buston et al. (2007) supported that residing in social or rental housing correlates with the risk of young pregnancy.

Race and ethnicity aspects of teenage motherhood tend to be frequently neglected. However, US studies represent solid research, which investigated the teenage motherhood phenomenon especially among African American teenagers and Hispanic young people, and confirmed the existence of a relationship between the two variables (Danzinger, 1995; Ryan et al., 2005). In some communities, procreation has a normative role, and helps people acquire adult status quickly. Merrick (1995) reviewed specialised literature that explained ambivalent attitudes towards motherhood according to culture and ethnicity, and argued that, once they become mothers, some teenagers acquire high social status.

It has also been suggested that school dropout is the main predictive factor of teenage pregnancy, and that it is a precursor rather than a consequence of teenage motherhood (Bonell et al., 2005). On the other hand, Hosie (2007) showed that class attendance had increased in the case of all the mothers included in the study after they had given birth, and that most of them demonstrated increasing interest in and/or a significantly improved attitude towards education.

Mainstream literature generally sees the occurrence of teenage pregnancy as the result of a combination of ignorance, embarrassment, and low life expectations (Arai, 2003). The lack of adequate sex education and the failure to use contraceptive methods are other causes of teenage motherhood. The difference between the teenage girls who become pregnant and those who do not become pregnant is given by the ratio between the frequency of

contraceptive use and the frequency of sexual intercourse. When we examine current political initiatives in other countries, it becomes obvious that sex education, contraception and sexual health are priority technical actions intended to reduce the number of underage pregnancies. However, there are some problems with this universally accepted hypothesis, according to which teenagers become pregnant by ignorance. For example, Churchill et al. (2000) discovered that the young women who became pregnant most probably had previously consulted their physicians about using contraceptives.

An obvious question that we can ask is whether teenagers actually want to become pregnant. According to some US statistics, 85% of the teenagers do not want to become pregnant. However, there are studies that investigated the issue deeper, and found out that mothers who state that they do not want to become pregnant are actually ambivalent about the idea of having a child. In case teenagers' attitude is ambivalent, they are probably less likely to efficiently use contraceptive methods (Zabin, Aston & Emerson, 1993).

We must ask a few questions about the above-mentioned issues. We must ask, for example, why teenage motherhood seems to have such a significant impact on the mothers' and babies' health. Mental health should be very good, especially in the case of teenagers who are almost 20 years old, and, biologically speaking, reproduction should not take place before the female body was able to sustain a pregnancy (Cunnington, 2001). Neither should we assume that teenagers do not change their behaviour following pregnancy: Scholl, Hediger and Belsky (1994) performed a meta-analysis of the possible complications of teenage birth in the developed and developing countries, and found that risk behaviour (smoking, alcohol and drug consumption) among teenage girls, and especially among ethnic minority groups decreased. They discovered that in the developed countries the Caesarean delivery rates and the incidence of arterial hypertension and anaemia decreased in comparison with those of older mothers.

A large number of studies draw attention to the possible negative consequences of teenage motherhood in terms of health: mother's health and precarious neonatal health (Botting et al., 1998); low birth weight (Rogers, Peoples-Sheps Suchindran, 1996); and high incidence of congenital diseases generally associated with a low folic acid intake during pregnancy. There are, however, voices who criticize such statements: Scholl, Hediger & Belsky (1994) performed a meta-analysis of the possible complications of teenage birth in the developed and developing countries, and found that risk behaviour (smoking, alcohol and drug consumption) among pregnant teenage girls decreased.

Lawer and Shaw (2004) suggest that wider studies, in which confused variables are controlled, indicated that teenage motherhood risks are related to social, economic and behavioural circumstances rather than to the mother's young age, and concluded that the occurrence of a teenage pregnancy actually involves small risks (Cunnington, 2001).

The same authors argue that the predominant values of health specialists and the values of society in general may have a significant impact on the mother's health. Therefore, at birth, mothers appreciate the pain relieving support from midwives. Mothers confessed that they were not helped to ease their pains, suggesting that either they were not listened to, or they were intentionally left to suffer (Sauls, 2004). Obviously, this feeling may be due to a more difficult birth than expected, or to their lack of information about dealing with pain on their own.

In his research, Arline T. Geronimus, one of the most famous authors of teenage motherhood studies, indicates that infant mortality rates in Harlem in 1990 doubled when mothers reached more than twenty years of age. The health of African American mothers who live in urban areas marked by acute poverty starts to deteriorate at an early age, and therefore for some of them becoming mothers during adolescence becomes more a strategy than a problem. From this Geronimus concludes that biological development processes are not universal.

Mental health problems are frequently associated with teenage motherhood by the specialised literature. A person who is labelled as having precarious mental health feels ostracised, and such stigmatising can have negative consequences for the individual. It is not clear whether these risks mean that mothers who already have health problems will become pregnant while very young, or young pregnancy or teenage motherhood will affect the young women's mental health. In any case, the implications of such a relationship may raise concerns about the stability and ability of a young mother, who is labelled as having mental health problems, to raise her child.

When referring to teenage mothers, the specialised literature uses quite large categories, such as *mental health*, *psychological difficulties*, *emotional difficulties*, or mentions specific diseases, such as *depression*, *behavioural disorder*, and *substance use disorder*.

The Teenage Pregnancy Report (1999) specified among others, in general terms, the fact that teenage mothers have precarious mental health; however, in the research (see Moffitt & E-risk Study Team, 2002) that supports such assumption the confused variables were not

controlled, and it was impossible to determine which effects correlated with teenage motherhood, and which correlated with poverty and lack of support.

Teenage motherhood is also frequently associated with disorders such as: depression (Moffit & E-Risk Study Team, 2007); serious emotional disturbance (Yampolskaya et al., 2002); behavioural disorders (Zoccolillo et al., 1997); consumption of illegal drugs (Allen et al., 2007); and low self-esteem (Emler, 2001). All these studies contain a series of variables whose effect was not controlled, and therefore it is difficult to infer a direct causal relationship between teenage motherhood and the above-mentioned psychological disorders.

There is relatively little research on the impact of child neglect in early childhood over the child's later life (Chase et al., 2006). Some studies (Lanctot & Smith, 2001; Erdmans and Black, 2008; Howe, 2005) researched the relationship between abuse, neglect and teenage motherhood. Although it is automatically assumed that the abuse and neglect suffered in childhood lead to inadequate parenting behaviour, Popillion's study (1997), performed on a group of participants who had been physically, emotionally or sexually abused, and who came from dysfunctional families, indicates that mothers saw the maternal role in a positive light, and wanted to offer their children the affection they lacked in their childhoods.

A history of institutionalisation usually has negative effects in the long term (Chase & al., 2006), and is correlated with the possibility of becoming a teenage parent. In the same study, the authors show that institutionalised young people seem to show increased distrust of the adults, and feelings of loneliness and rejection, and they confess that they have experienced a series of difficulties, from drug and alcohol consumption, depression, mental health problems, and eating disorders to self-aggression, domestic violence, the lack of a home, antisocial behaviour and sexual exploitation – for example, they have sex to feel protected and accepted within their environment. The same authors show that teenage girls with a history of institutionalisation associate the idea of becoming mothers with positive changes in their lives, and the importance of such a moment is obviously a significant one: starting a family, a feeling of love, belonging, and the pleasure of being a mother.

Although numerous studies argue the negative consequences of motherhood, Arai (2009) points out three important aspects that invite the readers to be more circumspect: the use of longitudinal studies allows the control of factors that could predispose to young motherhood, but only the factors that can be controlled, can also be measured, and the decision makers who create, at least in the Western countries, public policies use such research for their purposes.

Chapter 4 presents the methodology used in this paper. Since I was aware that the Romanian scientific literature contained few qualitative studies that gave the opinions of teenage mothers and did not include moralising and stigmatising speeches, I decided to use a qualitative methodology in my study. In my opinion, only qualitative research can grasp the value of the teenage motherhood experience, and can somewhat clarify the perspective of mothers in such a situation. While making my choice I considered some undeniable advantages of qualitative research: the fact that it allows face-to-face interaction with the participants, it allows clarifying follow-ups, it provides flexibility, it facilitates cooperation, it allows collection of information in a relatively short period of time, it facilitates emphasis on nuances, and it explores the perceptions of the participants.

Caelli, Ray & Mill (2003) considered that in order to confer credibility on the qualitative research the authors had to be as transparent as possible about their choices of the used theoretical perspective, and the chosen methods and methodologies. In this context, I should mention that I first came into contact with the theme of teenage motherhood at the beginning of my professional career. I worked with mothers coming from different social environments, and of different ethnicities, some of them with a history in the child protection system, mothers who had taken different decisions about the child who was to be born: some had chosen to keep their child, others to place it with a maternity centre, while still others to place it for adoption. My experience with these mothers was very rich and filled with significance, and it was the basis for my ontological position. I found that reflexivity was very important for the study of the theme of teenage motherhood since “a reflexive researcher recognises his or her personal influences”.

Considering these aspects, I thought that to position myself from the exclusive perspective of a researcher would lack transparency and would be unrealistic, therefore I chose a perspective of a practitioner/researcher, who dedicates herself to finding the meaning, where there is a priori knowledge, and focuses on the deconstruction of already existing constructs and the reconstruction of new knowledge (Chenail et al., 1997). In this study, this means that the contextual and constructed reality of each participant (Thorne et al., 2004) will provide information and will eventually reformulate past a priori knowledge and create different understanding of the experience of teenage mothers.

The purpose of this study is to understand the social construction of motherhood starting from the teenage mothers' perception of the motherhood experience, and considering their experience as an important starting point for future strategies of intervention in this field. In this study I proposed to answer the following questions:

- How do teenage mothers perceive the motherhood experience in Romania?
- What are, in the teenage mothers' perspectives, the main sources of support in their lives?
- What are the factors that influence the decision-making process of keeping/abandoning the child?
- What are the circumstances in which teenage mothers are stigmatised?
- What changes does the motherhood experience bring into the life of teenage mothers ?

In this study I used a group of 20 teenage mothers. The selection criteria were the following: every young woman in the group had to have given birth to a child in adolescence, had to be between 15 and 21 years of age, and had to still raise and care for the child. Mothers came from the urban area (Cluj-Napoca). At the same time, I tried to create a diverse group in terms of ethnicity, and family and living situation. Therefore, two of the mothers were ethnic Hungarians, eight mothers were ethnic Roma (two Roma), and ten mothers were ethnic Romanians. From a residential perspective, two mothers were living in maternity centres, nine mothers were living with their respective maternal families, one mother was living with her partner, four mothers were living with the children's fathers and the paternal families, three mothers were living with just the children's fathers, and one mother was living with the child's father and the maternal family. The used sampling method was theoretical sampling. The size of the sample was not a priori decided, and interviews were carried out until I noticed that the themes under investigation were saturated.

The method chosen for data collection was semi-structured interview. The interviews lasted for about 75 minutes and were taken in 2011. Initially an interview grid was created based on some themes outlined upon studying the specialized literature and considering previous experiences as a practitioner. The interviews with the teenage mothers were taken in various locations, of their choice: in their homes, inside maternity centres where they resided, or at the office of some social service.

Upon the completion of the interviews, I went on to transcribe them, and reread and relisten to them. Once transcribed, I coded them using a software program called CAQDAS, respectively Atlas Ti. For data analysis I used the template analysis developed by King (1998). Template analysis refers to the development of a coding template that involves

hierarchical coding. The main idea is to build an initial template, then use it as a guide for the emergent themes (King, 1998). The initial template is often conceived using a priori set codes, which identify the main themes expected to be relevant for the analysis (King, 2005, p. 1). The template is then used to analyse the entire set of data. During analysis, the template will be filled with new themes that may appear, while other themes will be completely neglected. This process continues until a final template is defined, and the entire set of data has been coded by using it (King, 2004).

Chapter four also includes references to the validity of the research. In the context of this study, I found it very useful to use the four criteria mentioned by Lincoln and Guba (1985): *credibility, transferability, dependability, and confirmability*. The ethical aspects of the research were described at the end of the chapter; emphasis was laid on aspects such as: the informed consent of the participants, and the practitioner/ researcher's dilemmas.

The fifth chapter details the analysis and synthesis of the research data in order to outline an image of the teenage mothers' perception of motherhood. In this chapter I analysed the major themes that came into focus during interview analysis, i.e.: *the experience and the empowering of teenage mothers, the social support, the decision to have a child, reactions and relations, education, and stigmatisation*. The theoretical aspects presented in the first three chapters of the paper will support data interpretation.

One of the central ideas that stood out in all the interviews is that of *changes*; mothers described the motherhood experience in terms of relationships, purposes, self-perceptions, and the way in which all of these changed when the teenagers became mothers. The changes in the mothers' lives were present both at an intrinsic level (new feelings, new internalised roles) and at an extrinsic level (new activities, changes in relationship dynamics). The general impression given by data analysis was that the women were reorganising their lives around their children, and channelled all their energies to satisfy the children's needs. The reorganisation means rearranging all of life's aspects for the well-being of both the child and the mother.

The representation of the meaning of a good mother, of the way in which they operationalize this construct, reshaped their choices and the changes made in their lives. The process of reorganisation of the lives of these young mothers is triggered when they become pregnant, and then when they decide to have the child. This decisional moment is accompanied by a series of emotions, cognitions, and behaviours. If the pregnancy was expected, the mother was happy; if she was requested to keep the pregnancy, the mother aligned herself with the family and the cultural values, fulfilling her role shaped by the

community, tradition and family. If the pregnancy was not expected, it triggered a series of negative emotions, anticipations and catastrophic representations of what would come; disadaptive coping mechanisms often intervene and lead to denial and the procrastination of disclosure.

The people who are told first about the pregnancy are peers, their mothers, or their partners. The mothers who lived in a Roma community felt no anxiety about disclosing the pregnancy; this “state” symbolically marked a new stage in life, the status of woman and mother; the latter is given value by the Roma communities: “Being a mother, altogether, is a prestigious role in the community, and it is actually the way by which a girl starts to be recognized as an adult person” (Vincze, 2006).

For some of the teenage girls from the middle class, telling their parents about the pregnancy was extremely difficult. Through the occurrence of young pregnancy, the teenage girls did not fit the pattern of normality anymore, and contradicted family values, and the discourse about the normality of going through life stages at “suitable times”. An authoritarian parenting style and the taboos about discussing themes such as sexuality, reproduction, and birth control made the disclosure even more difficult. The biggest anxiety was usually involved by disclosing the pregnancy to the father figure in the family (“*although he has never beat me, I fear him more than my mother*”), which completes the framework of understanding the stressors that determine the young mothers to postpone the decision to disclose the pregnancy.

The postponement of the decision to disclose the pregnancy to the people around her decreases the number of the pregnant teenager’s options (motherhood, placement, abortion). Therefore, abortion was no longer an option for many of the mothers participating in the study, as they themselves stated. Exploring the placement option brings in the specialists (from the medical and social fields). Their discourse, as perceived by the teenagers, supports the option of keeping the child, gives the mothers the opportunity to anticipate the way in which their lives will restructure after birth, and helps them clarify their feelings about the decision. The clarification can occur very quickly, as it was for Laura who, after talking with her parents, immediately decides that keeping the child is the best thing, or it can occur immediately after birth, as it happened in Crenguta’s case.

In general, during the interviews I noticed that the mothers avoided giving details about the period of indecision, when they explored other possibilities than keeping the child.

The reactions after disclosure are various and ambivalent: some people support the decision (some family members, teachers, colleagues, the community); some people distance themselves from the future mothers (in some cases the future fathers, friends); the mothers are therefore positioned in between two messages - acceptance and rejection. Probably the most painful message felt at an intrinsic level is the rejection from some of the fathers, which, in some cases goes as far as formal denial of paternity.

Young mothers see motherhood as an intense experience: with various emotions, fears, plans for the future, and objectives. The quintessence of the motherhood experience is the wish to be a good mother – this concept appears to be operationalized in different ways by the young mothers; some of these mothers consider satisfying the child's basic needs a priority, while for others satisfying their emotional needs comes first.

The mothers described a series of emotions in connection with this experience of motherhood: love, fears, regrets. The motherhood experience as it was described to me is no different from the experience of any other mother; even more, some of the feelings were even less censored by the teenage mothers. The changing of roles in the life of the teenage girls, changes at the identity level, of the cognitive processes, and of the life style, is not linear. One change in a certain field of life can determine by contagion changes in another field; the process is always dynamic, and there is no predetermined order. One of the most important changes is their empowering as mothers; the mother role makes them stronger, able to deal with new, complex situations (seeing the doctor about a child's disorder).

According to the changes in their lives, the mothers could be classified, according to their own representations, into two categories: mothers who feel the changes in their lives are major and mothers who feel that such changes are insignificant (especially those living in an underprivileged socio-economic environment).

Concretely, the support of their families and of the families of the future fathers is the most frequent subject in the conversations with the interviewed women. Out of these families, the female figures offer the most support: the mothers, the mothers-in-law, and the grandmothers; they are the ones who transmit the care model to the young mothers. The male figures, being them the children's fathers, the partners of the teenage mothers others than the fathers, or the future maternal or paternal grandfathers, offer less support, as the young women report.

The specialists within the social services, medical services, and the educational field are mentioned as sources of support in the lives of the young mothers. The mentioned specialists from the social field were psychologists, social workers, and the personnel of the

maternity centres. The role of the psychologists and of the social workers was to support the mothers seeking clarification of the decision regarding the child, and to provide the young women with information about their rights as future mothers. The intervention of the specialists from the maternity centres was usually post-natal, and focused on helping the young mothers learn skills, and turning the teenage girls into “good mothers”.

From the teenagers’ perspective, the support provided by the medical personnel is mostly instrumental: gynaecological examination, pre- and post-natal care, and child examination. What the young mothers lacked was the emotional support and a tolerant attitude, since they very often felt stigmatised in this medical context.

School personnel and colleagues were described by the young mothers as supportive: the school personnel were more understanding about the situation of the teenage girls, while the classmates were interested in their well-being. The peers were not equally supportive. Some of their friends decided not to stay in touch with the young mothers: they did not share the same activities, objectives, and interests anymore.

The support of other institutions (police, court) was seen as pretty “shy” by one of the mothers, following a paternity suite; policemen were perceived as transferring responsibility from their competence (checking compliance with a sentence) into the private domain.

The community seems to constitute support for the mothers living in underprivileged areas (the Roma community from Pata Rat). The acquiring of the mother status is given value, and the neighbourhood seems to be a factor of support in the care process (the possibility of leaving the children in the neighbours’ care when going out).

The interview analysis revealed that this motherhood experience is connected to individual variables: self-esteem, problem solving skills, anxiety, cognitive level; these conclusions also result from my observations made during the interviews. A history of abuse, neglect, or institutionalisation is relevant in the context of the way the young women structure their motherhood experience.

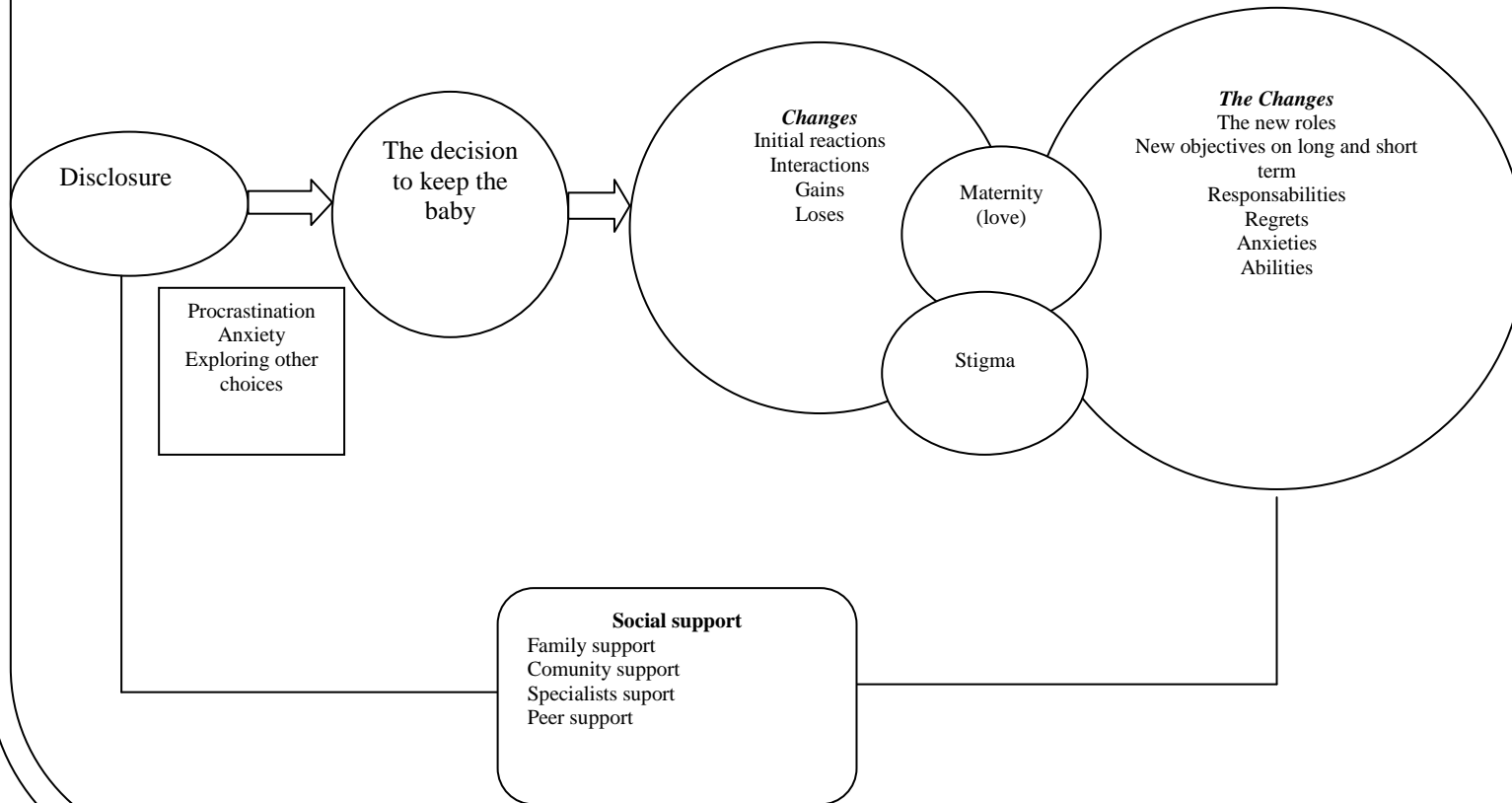
Their history of abuse, neglect, or institutionalisation is described by the young women as defining their process of becoming “good” mothers. They state that they wish they could be the opposite of what their mothers were to them. The socio-economic context marks the experience of teenage motherhood, and the long- and short-term objectives of the young mothers; in difficult socio-economic contexts, the short-term objective of the mothers is to satisfy the children’s basic needs, while the long-term objective is to escape from that environment.

Teenage mothers are the object of stigmatisation through discourses that either pathologise them or categorise them as deviant, both by the mass media and by the specialists or other people the mothers come in contact with.

I synthesised all the above-mentioned aspects, and the interactions between themes in a model of life reconstruction in the context of teenage motherhood. The model is not exhaustive, it does not cover all the issues I discussed in the previous chapter, but its purpose is to facilitate the understanding of teenage motherhood.

The context (social, cultural, economic)

The individual factors, the personal history



The originality of my research results consists in the foregrounding of the experiences of teenage mothers through qualitative analysis. The decision to approach the subject by the means of qualitative analysis is meant to complete the existent body of academic work on teenage motherhood in Romania (see Hărăguș, 2011).

In this thesis I attempted to clarify the social construction of motherhood beginning with the perspective of teenage mothers on their experiences of motherhood. I established their experiences as an important starting point for the development of future intervention strategies in this field. Assuming a social constructionist perspective on motherhood I set out to illuminate it at the intersection between the social-economic context, ethnicity and stigmatizing discourses by relying on the method of template analysis.

Besides outlining the model of lifestyle transformations of teenage mothers induced by the experience of motherhood which has been presented in the previous chapter as being structured around the idea of *change*, it seemed important and innovative to show in the data analysis the ‚differences’ among the interviewed participants clustered around the variables of *ethnicity* (in this case Roma) and *the social-economic context*. Highlighting not only the shared experiences, but also the differences which transpired in the participant interviews allows me to „make the women’s voices be heard” (citat?) through my analysis and to emphasize their particularities which significantly contribute to the understanding of teenage motherhood.

In this context it is important to mention that in this research, belonging to the Roma community is juxtaposed with a low social-economic status and the spatial isolation of the community, especially in the case of the teenage mothers living in the Roma community in Pata Rât. For them as well as for the ones belonging to the gabor Roma community, early motherhood is regarded as „normative and even desirable” (Arai, 2009).

In developing countries and even in the poorer neighbourhoods of industrialized societies traditional families are still hegemonic. Characterized by features such as large households with several generations, power accorded to male members, the incorporation of the newlyweds in a already existing household or early marriage are in contrast with the distinctive traits of occidental families based on enhanced individualism, where reproduction is desirably postponed until the establishment of a new household. What is not considered to be ‚normal’ and a reason for stigmatization in the Roma communities that some of my interviewees belonged to was the lack of a partner and infertility.

The normalization of teenage pregnancy for Roma women is not to be regarded as a specific feature of the Roma ethnicity in general, least of all as genetic. In this case teenage

motherhood can be interpreted as a intergenerationally transmitted ‚strategy’ through which early reproduction allows the mothers to spend more time in their children’s company. It could be construed as an adaptive situation as Roma communities have traditionally been marginalized, presented higher rates of poverty and mortality. Geronimus (1997, 2003) obtained similar results when conducting research in the neighbourhood of Harlem (New York, SUA). He demonstrated that high rates of early motherhood were coupled with the doubling of mortality rates in women of twenty something years.

Therefore, postponing the age of reproduction is an expression of the middle-class majority, according to which the normal and valued life trajectory is supposed to go through an a priori sequence of phases: education, career, establishing a family (Geronimus, 1997). In this context teenage mothers are regarded as resisting contemporary social imperatives which dictate that economic independence and social status can only be attained through employment, career and by adopting the popular patterns of family formation.

During the presentation of my theoretical framework I have shown that the practices of childrearing and the relationships between mother and child present a great diversity both on a historical as well as cultural planes.

Thus I noticed that in the discourses of the Roma mothers from Pata Rât who are in a precarious social-economic situation being a ‚good mother’ is primarily related to satisfying the basic need of their children. I see this as an adaptive strategy to their social-economic context where the struggle for survival is crucial.

Middle-class mothers exhibited a pronounced emotional component in the relationship with their children. On the one hand this disputes the assumption that teenage mothers tend to interact less with their children (Barrat, 1991), while, on the other hand it could indicate an attempt to align themselves with the prescribed rules of contemporary childrearing. Teenage mothers register being constructed as inadequate in their mothering function and strive to ‚prove’ their competence. The case of Alis, the young mother residing in a maternal centre and her initial doubts regarding her maternal capabilities is a good illustration of this.

Concerning information about contraceptive methods and their use my participants’ confessions came as a surprise. I was expecting educated, middle-class mothers to have greater and more detailed knowledge of contraceptive methods than the ones who dropped out of school or never even attended, like those of the Roma community. On the contrary, I have found that the latter had a good comprehension of the available contraceptives (meaning that they knew exactly how to use them) and discussing them came relatively easy. The different projects related to contraception that have been deployed in the Roma community have

probably facilitated young girl's direct access to this information. In this context it is important to problematize this aspect of reproductive health in Romania, especially in marginalized communities, since I consider women's access to services of reproductive health to be very significant, but the final, informed decision has to be their own in order to prevent them from becoming the objects of „a racist type of birth control, which while pretending to offer contraceptive information to Roma women is, in practice set out to contain and prevent the over-population by the ethnic Roma” (Magyari-Vincze, 2006).

Regarding the middle-class, educated young mothers they seemed to be quite frightened to talk about contraceptive methods and aspects of their sexuality, confessing that most often they searched for information on their own, while their parents and teachers were reluctant to impart knowledge on this subject. My arguments confirm those of Wilson & Huntington (2006) who infer that there is a certain degree of social anxiety towards female sexuality.

As I have described above teenage pregnancy is normalized in the Roma community and it can be meaningful in two different ways: on the one hand the teenager gains a privileged status (Merrick, 1995), and, on the other hand communitary support gets activated (i.e. neighbours look after each others' offspring while the parents are away or they share information about different institutional practices). Conversely, the non-Roma mothers were regarded as unnatural and deviant in their communities (neighborhoods).

The real problem related to mothering in certain socially and economically deprived Roma communities is generated by class hierarchy. “The failure of accepting teenage motherhood in certain contexts is connected to the shortsightedness of the authorities and public opinion concerning the general understanding of the situation of youth in socially and economically destitute communities” (Arai, 2009) *daca era in engleza sa-l scrii in original*. Without a better, more particular comprehension of the situation of Roma communities and of youth from precarious backgrounds the authorities will be unable to design truly supportive interventions.

This study is not meant to give an overview of the scope of the phenomenon of teenage pregnancy, rather it sets out to investigate the issue in depth and to bring to the fore the experiences of these mothers in order to contrast it with the popular stereotypical interpretations of teenage motherhood. In the dissertation I have taken great care to underline the considerations which support the decision to approach the subject through qualitative methods, i.e. face to face interaction with the participants, flexibility, reduced time for data collection, easy cooperation, possibility of nuanced analysis, representing the perspective of

participants. This decision is not meant to downplay the importance of quantitative research which can capture other important aspects of teenage motherhood i.e. the scope of the phenomenon, correlation of factors that underlie the occurrence of teenage pregnancy or inferring the consequences for large population segments. One of the limits of this study is that it has been conducted in the urban space, in the town of Cluj-Napoca. At the same time, by focusing on an in-depth analysis of the experiences of the mothers I might have foreclosed the possibility of exploring other potentially valuable aspects: e.g. the experiences and attitudes of different family members of the teenage mother, in particular the relationship between mother (maternal grandmother) and daughter (teenage mother). It might have been interesting to investigate the both the dynamic of this relationship as well as the trans-generationally transmitted patterns in this sense. Similarly, the attitude of the fathers could have been a significant complementary interest, especially if they were part of their children's lives.

Another limitation of this research is the fact that it is not a longitudinal study. It is impossible to know if the mothers present decisions to offer a better future for their children is going to be preserved in five years. This specific limitation has determined my decision to include mothers with older children (e.g. Crenguța whose daughter is already five years old) in order to offer a perspective on time-bound change.

I would like to mention that some of the life narratives of my participants have been extremely rich and interesting, constituting a valuable body of data for future analysis. For instance the life narrative of Crenguța, 21 years old at the time of the interview, who became a mother at the age of 16, relates the richly layered struggle for the acknowledgement of paternity by the father. Ramona's narrative who is 15 years old including the history of abuse, neglect and institutionalization could have made a relevant case study for the analysis of the measures taken and the services offered by different institutions and their effects in keeping the child with the mother.

I wish to underline the fact that this study is meant to represent the mothers' perceptions about the interaction with their children and their mothering abilities, thus certain answers could be construed as desirable. These aspects could have been taken into consideration by scientifically approved methods like psychological testing or questionnaires (e.g. Social Provisions Scale, HOME Inventory), but their inclusion would have exceeded the scope of the present analysis, namely sociological research

In this research I have been aware of the need to assume an objective perspective by striving for a neutral position towards the different aspects of the narratives regardless of their

positive or negative impacts on the interviewee or the experts. I tried to critique the factual situations by bringing arguments and proof in the support of the necessity and possibility of transformation several conditions.

It is my contention that the subject of teenage motherhood is a fruitful direction of study, which can open multiple *new avenues for academic research* in the Romanian context. Qualitative research could target the study of teenage mothers within different age-groups at the time of the interview. It could be examined how the perceptions related to teenage motherhood has changed historically, in different environments (rural and urban) and for women of different ethnic backgrounds. Such research could illuminate how the problem of teenage motherhood has been constructed in Romania.

To follow up on the same idea I believe it would be relevant to conduct a study of legal documents and publications produced within the last century in this country in order to demonstrate the effects of the discourses on teenage motherhood.

Generally speaking, academic literature on teenage fathers has been very scarce with the exception of Bunting & Auley, 2004; Reeve, 2007.

Another possibility would be constituted by the localization of the research (meaning not just a differentiation between rural and urban settings but the spatial arrangement within the same city) of teenage mothers in Romania, the analysis of the possible correlation between social economic status and teenage motherhood. Such endeavors would facilitate the particularization of intervention strategies of the authorities by indentifying the locations and communities that truly need institutional support.

The relationship between teenage motherhood and other individual or familial factors could be the object of interdisciplinary studies on, for instance, the occurrence of different affections like depression, anxiety, crises of personality of teenage mothers or the prevalence of domestic violence in their families. I believe that it is very important to examine these aspects, given that abusive backgrounds and parental neglect figured quite often in the life narratives of my participants in order to assess their effects on the future decisions of the mother and her behavior toward her own offspring. Other research could more thoroughly address the different aspects of reproductive health concerning teenage mothers.

Similarly one could study the professional interventions (social and medical) and the satisfaction of teenage mothers as their beneficiaries in order to ensure the continuous improvement of these interventions. Expert positions towards this subject, the design of the interventions as well as mass-mediated opinions and their effects on teenage mothers, and –

by all means – the construction of teenage mothers in religious discourses as abnormal could all make the object of future research.

The dissertation ends with a few *recommendations* regarding Romanian public policy and intervention strategies. For the moment in Romania these preoccupations towards teenage motherhood are in the initial phase, characterized by the existence of legal provisions and scattered projects of intervention.

Concerning the matter of adolescent sexuality and teenage motherhood the Romanian social and cultural norms seem to be clustered in three distinct dimensions: the valorization of abstinence before marriage, the strong influence of the Church and minimal public policy intervention. This aspect is particularly important because if teenage mothers register the social stigma they will be reluctant to appeal to institutional support (Phoenix, 1991).

As I have shown in the first chapter of this dissertation I believe to be of utmost importance to regulate the ability to exercise rights of teenage mothers. Gaining this right before the 18 years of age exclusively by marriage is profoundly discriminatory and it contributes to the resilience of gender inequality in the family. The transformative potential of a new piece of legislation has to be explored, i.e. article 40 of the Civil Code stipulates that „for grounded reasons, the tutelary hearing can acknowledge the decision-making capacity of the minor above 16 years of age. To this end the parents or guardians of the minor have to be heard, in certain cases taking into consideration the family council as well.” Thus obtaining this right by certain teenage mothers could be accomplished. I don't mean to argue for the extension of this right automatically to all teenage mothers regardless of cognitive aspects, but I would support the provision of the case-by-case examination of particular situations. The regularization of this aspect has numerous practical implications. For instance teenage mothers are not allowed to accompany their children in case of in-patient treatment in the hospital as other mothers would; they cannot take decisions in case of surgery, cannot apply without their legal guardians for different services, cannot legally take decisions for the child. These mothers are contained in an ambivalent context in which they are pressed by the authorities to keep their babies in the family, while at the same time they are denied all decision-making capabilities in regards to their offspring.

As for the services offered to teenage mothers I maintain that it is essential to attend to the ethnic particularities of the situation. It would be wrong to treat teenage motherhood in a uniform manner both from the researcher's point of view of and as well as the authorities' intervention.

At the same time I emphasize the significance of increasing the fathers' accountability which are usually (and this study is no exception) barely present in the lives of their children. Crenguța's life narrative is an illustration of this point, especially in relation to the inefficiency of the implicated authorities (police).

Qualitative research demonstrates that young mothers can be very motivated to offer their children the best possible quality of life (Pillow, 2004; Cater & Coleman, 2006), therefore it would be legitimate to valorize the motivation at the right time, which differs from person to person. This is the ideological position that the present research wishes to endorse.

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