Younger Mothers: Stigma and Support

Issue 3 of this series discusses the experiences and perceptions that younger mothers have about motherhood, their experiences of support services, and explores how services could better support younger mothers. It is based upon the findings of a qualitative research project implemented by the Institute of Child Protection Studies (ICPS) in 2010, which interviewed 35 younger mothers, and held focus groups, to discuss their aspirations and experiences of younger motherhood. The project report was published in 2010: Experiences and Aspirations of Younger Mothers. More information about the project is provided at the end of the issue.

With overall fertility rates being highest amongst women aged 30 – 44 years¹, and 25 – 29 years, younger mothers (under the age of 25) as a population group are often stigmatised and judged. Policy debates, media and public opinion often problematise younger mothers, and label them as ‘at-risk’, particularly teenaged mothers. This stigmatisation can have a negative impact on how younger mothers feel about formal supports, and can subsequently prevent them from seeking access to these services. This can exacerbate the challenges of motherhood, and lead to social isolation.

1. Australian Bureau of Statistics. (Various Years). Births Australia, Category Number 3301.0
Section 1

- **Experiences and perceptions of earlier motherhood.**
  
  The younger mothers who were interviewed in the ICPS research reflected on the positive experiences of being a mother, and the added depth of meaning and sense of purpose that having children had given them. They felt a sense of pride and achievement. Their drive and determination to nurture and protect their children often meant prioritising the children’s needs over and above everything else, and some felt that caring for children took priority over their own training needs or future employment.

  Some felt determined to give their children a better chance than what they believed they had experienced. Those who had struggled with substance use or mental health issues said that becoming pregnant and having children had been a ‘turning point’ for them; and reflected on the changes they had made to become good mothers.

  “I have someone to protect now, I have someone to think of now. Like she’s my life now, she’s my priority and everything I’ll do is for her.”

- **Hopes and aspirations**
  
  Almost all the younger mothers in the study expressed high hopes and dreams for the future, including those who had experienced significant disadvantage. They wished to create safe and secure futures for their children, and envisaged future careers for themselves. They spoke about their desire to return to school or further study so they could begin to realise their career aspirations, but many felt they needed to prioritise caring for their young children first. Although almost all the younger mothers could identify aspirations for the future, many struggled to know how they would reach those goals.

  “I really wanted to be a doctor or a nurse and I still think about it to this day about what I wanted to do as a younger person, I hope that one day I will be able to fulfill that dream.”

  “When she starts going to school I can start studying properly or get a job, like just focus on me again.”

- **Challenges**
  
  Many of the parenting challenges that the younger mothers raised are common to all mothers: feeling tired, unprepared and overwhelmed, having no time for themselves, getting into a routine, feeling isolated, and having difficulties with breastfeeding. However, these challenges were exacerbated if younger mothers were socially isolated and ‘doing it alone’.

  Many of the younger mothers in the study also experienced mental health issues, financial stress or hardship, unstable and inadequate housing, and relied on public transport; all of which can be barriers to accessing support services. Some had limited social networks, or did not have family and friends who could assist with childcare. This also limited their capacity to engage in further study or employment.

  “This year itself I have applied for 15 houses and been knocked back. I think it’s because I have never rented before and don’t have a history thing about it.”

  “Just to have help from people, maybe a good preschool or people that I can rely on to babysit and a good teacher [for me]… someone to help me wherever I am studying.”
• **Stigma**

The majority of younger mothers felt stigmatised and judged for their mothering abilities. Examples of judgemental attitudes and behaviours included being given ‘dirty looks’, unsolicited lectures on parenting, receiving verbal abuse, being barred from shops and being subjected to pram searches. They felt that younger mothers were stereotyped as being irresponsible and immature, languishing on welfare payments (and only becoming pregnant to obtain welfare payments), and being ignorant and incompetent at raising children.

Many of the younger mothers talked about the effects of this stigma; feeling humiliated and undermined as parents. Some felt they had to put in extra effort and work much harder than older parents to prove themselves, and felt the stress of this pressure. Many did not access activities such as playgroups and mothers’ groups because they felt they did not ‘fit in’.

“See, like some of us are doing a better job than the older ones anyway, but we just get that stereotype because we’re young mums and we just don’t know any better because we’re so young: that’s what people think.”

“\(\text{When I was leaving hospital with my son, he was only three days old... a couple of nurses had been quite abusive towards me while I was in labour and when we left the hospital they said to me, you know what, you’re actually not as bad a mother as we thought you’d be, you’re doing all right and I thought I can... be offended or I can take it as a compliment because they expected me to fail... but it did make me really angry that they would say that because you’d never say that to a married woman in her 30s when she’s leaving a labour ward.}\)“

**Section 2**

**Experiences of Services**

Most of the younger mothers could identify key people in their lives who provided support. Some received important emotional and practical support from their own mothers, friends and other informal supports. However, some younger mothers were isolated from informal and formal supports. They were most likely to access universal services, such as medical services and Centrelink. A number of the younger mothers were relieved to receive the baby bonus, as it helped with the expenses of a new baby, and allowed them to spend time at home with their children.

“The baby bonus is really good. It helps and I will probably have to start looking for work once that finishes, but it means that I can spend at least the first six months at home with her.”

Of those who had become pregnant prior to finishing high school or college, some had found it too difficult to complete their schooling, while others had the support of teachers. Younger mothers who attended Canberra College Cares were very positive about the program (see profile).
The Canberra College Cares Program (CCCares) is based at Canberra College and provides an education and support program for pregnant and parenting students in the ACT and surrounding areas. It is delivered in partnership with ACT Health and other agencies, and provides Year 12 Certification and competency based training on site in a variety of areas with External Registered Training Organisations.

CCCares offers transportation to students from their homes to school each day, and students can bring their children under the age of 5 to school with them. In addition to formal education, the program provides students with access to universal and targeted services, with professional MACH and health visits, and programs for the students’ children. Students are also supported to access other specific services if needed, such as legal support, financial planning and emergency relief.

For more information about CCCares, visit: http://www.canberrac.act.edu.au/information2/programs/cc_cares

The younger mothers held mixed views about parents’ groups and playgroups. Several who had attended felt uncomfortable because many of the other parents were older. Others found it difficult to attend due to limited access to transport. Most mothers preferred to take part in informal groups of friends their own age, or create their own groups with people they felt comfortable with.

“Because I was the youngest there I felt really uncomfortable, because everybody else was in their 30s and 40s, and I was only 18, so I felt completely uncomfortable…”

Most of the younger mothers preferred to go to friends and family for advice and support rather than see a counsellor. However, those who did seek counselling preferred to see someone young or who understood their position. Some spoke positively about the support they had received from smaller, targeted services, such as family support services and crisis services.

Younger mothers involved with statutory child protection services had mixed views about their engagement. Those who perceived visits by statutory services to be investigatory rather than supportive were more defensive and fearful of having their children removed; compared with those who had been supported by statutory services to access early intervention programs.

“Even if they are there to help you, you’re too scared to… ask for help, because the stories you hear… about them you wouldn’t want to go to them for help because you’re scared.”

• Supporting younger mothers

Younger mothers felt it was important that support services and workers build positive, trusting relationships, have non-judgemental attitudes, and acknowledge that being a mother is a learning curve for mothers of all ages. They wanted workers to focus on what was going well, rather than what wasn’t.

“The people who run these services, they need to be aware of how sensitive young mums are to judgement and the perception that this person is looking down their nose at me. When you first become a mum, it’s really overwhelming and it’s really easy to doubt yourself… if they could be a bit less condescending, a bit less judgemental, that would really make it easier for young women to accept help without feeling bad.”

Younger mothers appreciated when workers were able to convey that they understood their particular circumstances; and when services provided a range of ways they could access assistance (such as outreach).

A number of young women who didn’t have informal support networks that could provide them with a break from parenting felt there should be more opportunities through childcare or other respite services to ‘get a break’, in particular, occasional care that could be accessed on an ad-hoc basis.
Improving support for younger mothers

Key messages from the research showed that younger mothers want to voluntarily access services, have workers who will stay with them for their journey as mothers, and be able to access services in a variety of ways, including outreach. Effective services and supports for younger mothers should seek to:

1. **Reduce stigma and recognise the importance of caring for young children.**

   As stigma and disapproval was shown to have a detrimental effect on younger mothers’ willingness and readiness to access support; policies and services should be cautious about future directions which further stigmatise younger mothers. Services should celebrate younger mothers’ courage against the odds, their devotion to their children, and their achievements as mothers. These messages should be consciously applied to other settings – in the training of staff, the way programs are described, and in all formal modes of communication (pamphlets, websites and other online initiatives).

2. **Leverage child health and wellbeing services to reach younger parents.**

   Younger mothers are more likely to access services if there is a clear reason to do so, linked to their children’s health and wellbeing. Hospitals, general practitioners, health services and other universal services are best placed to reach vulnerable younger mothers, who will be more likely to take up play-groups, parenting education and other activities from these settings. Supported/warm referrals need to be made from these to other supports and services.

3. **Make it easy for younger mothers to access a range of services through service hubs and outreach.**

   Getting around to services, and paying for them, can be difficult for younger mothers with limited financial resources. Younger mothers suggested that services be placed together in ‘hubs’, that workers provide active outreach (including home visits and phone calls), and provide more online information and opportunities.

4. **Prioritise relationship assistance to younger parents.**

   Many younger mothers had not planned to have a baby and found themselves in tenuous partnered relationships. Very few knew about or had accessed family relationship services, and some of those who had tried had not been able to access assistance due to long waiting lists. Messages for younger mothers need to highlight the normalcy of seeking health and information, the depiction of solutions rather than problems, and how common relationship issues are in family life.

5. **Offer voluntary, individualised ‘futures planning’.**

   Many younger mothers would benefit from voluntary, non-stigmatising planning and support that would respond to their individual circumstances, hopes and aspirations, and assist them to plan for their own, and their children’s futures. A futures planner/consultant would travel with younger mothers along the journey of early parenting, assist with skilled guidance and advice, and connect them to external resources required for future study and work.
About the Experiences and Aspirations of Younger Mothers Project

This project was funded in 2010 by the Department of Families, Housing, Community Services and Indigenous Affairs. It aimed to explore younger mothers’ perceptions and experiences of early motherhood, how the birth of their children changed their aspirations and perceptions about life choices, formal and informal supports, and their experiences of support.

More information and the full report is available at www.acu.edu.au/icps

References


Available at: www.acu.edu.au/icps