

MACTHEP

‘Voices Of Experience’

Muslim and African Caribbean
Teenagers’ Insights on
Pregnancy And Parenting

Julia Hirst



Sheffield Hallam University

Sure Start
Plus



Tinsley
Sure Start

fatherfigures
{a project for fathers}

Voices of Experience

Muslim And African Caribbean Teenagers' Insights On Pregnancy And Parenting (MACTIPP)

A Research Partnership Between:

Sheffield Sure Start Plus
Tinsley Parent and Children Consortium (TPCC)
Tinsley Sure Start
Listen to Us
The Father Figures Project
and
Sheffield Hallam University (SHU)

**Funded by Sheffield Sure Start Plus
and
Local Authority Education Family Support**

Report Author:

Julia Hirst

Collaborators:

Barbara Rimmington
Sally Pearse
Ben Yeger
Fiona Noteman
Kelly Gamble
Owen Wright

Published by Julia Hirst, 2003

Copyright - no part of this report should be reproduced without the express permission of the author Julia Hirst.

Julia Hirst can be contacted at The School of Social Sciences and Law, Sheffield Hallam University, Collegiate Crescent, Sheffield S10 2BP.

Email: j.hirst@shu.ac.uk
Telephone: (0114) 225 2543

The 'Photo Diaries' Exhibition was displayed for one week in the main foyer of Sheffield's Crucible Theatre, following on from the MACTIPP launch Monday 29th July, 2002.

Report designed and typeset by **change4good**, tel. 01246 413800

Further copies of this report can be obtained from:
The Business Support Team, Family Support Team, Family Support Education,
2-10 Carbrook Hall Road, Sheffield S9 2DB. Tel. (0114) 273 5446

CONTENTS

| | |
|---|----|
| Acknowledgements | 6 |
| Summary & Recommendations | 7 |
| Introduction | 14 |
| Methodology | 16 |
| Reflections on Methodology | 19 |
| Findings | 21 |
| 1. Lives in Context | 21 |
| • Feelings About Parenthood | 21 |
| • Others' perceptions of Teenage Pregnancy and Parenting | 22 |
| • Family and Social Support | 25 |
| 2. Young People and Services | 26 |
| Views and Experiences of African Caribbean Fathers | 26 |
| • Proving Yourself | 29 |
| • Support for Fathers | 29 |
| • Further Needs | 30 |
| Muslim Fathers | 31 |
| Views and Experiences of Mothers | 32 |
| • Need For More Support During Pregnancy | 32 |
| • General Practitioners (GPs) | 32 |
| • Central Health Clinic | 33 |
| • Sure Start Plus and the Personal Advisor for Pregnant Teenagers | 34 |
| • Hospital Midwifery | 35 |
| • Community Midwifery | 41 |
| • Cultural Recognition and Individual Needs | 43 |
| • Health Visitors | 43 |
| • Further Needs | 44 |
| • Crèche Facilities and Respite Care | 45 |
| • Schools | 45 |
| • Further Education and the Connexions Service | 45 |
| • Reconciling Motherhood, Returning to Study & Benefit Dependency | 46 |
| • Housing | 47 |
| Other Stresses on Parents | 47 |
| • Loss of Teenage Freedom/Time for Self | 48 |
| • Impact of Youth, Ethnicity and Gender on Perceptions and Professional's Approach to Care | 48 |
| • Custodial Sentences | 49 |
| References | 50 |
| Appendix 1 - Participants' Details | 51 |
| Appendix 2 - Copy of Information Sheet sent to Stakeholders and Participants | 53 |
| Appendix 3 - Copy of Invitation to MACTIPP Launch | 54 |
| Appendix 4 - MACTIPP Launch - format & feedback | 55 |
| Appendix 5 - Copy of Guidance and Cues for Peer Interviewers | 57 |
| Appendix 6 - Copy of Newspaper Article on MACTIPP | 59 |

ACKNOWLEDGEMENTS

We are indebted and give thanks to the young people who took part in this project for their vital contribution .

Sheffield Sure Start Plus and Local Authority Education Family Support provided the funding for the project and should be credited for prioritising research on ethnic minority young people.

Recognition and thanks are due for the voluntary input provided by Tinsley Sure Start, Tinsley Parent and Children Consortium, 'Listen to Us' and 'The Father Figures Project'.

We would also like to thank Sheffield Theatres for providing the Crucible as the venue for the launch of MACTIPP and the exhibition space to display participants' 'photo diaries'.

RESEARCH TEAM

Kelly Gamble, Outreach and Development Worker for the 'Father Figures Project'

Julia Hirst, Senior Lecturer in Sociology at Sheffield Hallam University

Fiona Noteman, Community Development Worker for Tinsley Sure Start

Barbara Rimmington, Research Worker for Tinsley Sure Start

Sally Pearse, TPCC Project Manager and Tinsley Sure Start Family Centre Manager

Ben Yeger, Co-ordinator at the 'Father Figures Project'

Owen Wright, Project Co-ordinator at 'Listen to Us', and

* Peer Researchers - Angela, Dana, Dom, Farzana, Julie, Nighat and Teresa

* Pseudonyms

SUMMARY & RECOMMENDATIONS

SUMMARY OF FINDINGS

The findings emphasise two themes:

- The importance of appreciating pregnant teenagers and teenage parents' lives in a broad context, and
- Ethnic minority young people's insights on services across the network of partner organisations.

The findings offer important insights for social inclusion policy and related service provision.

The meaningfulness of parenthood was emphasized by all teenage parents. The majority felt parenthood had enhanced their sense of identity and motivated positive aspirations for the future. Accounts from mothers and fathers emphasised their commitment and responsibility to the child.

All rejected the notion of teenage parenthood as a deficit (or spoiled) identity. However, African Caribbean and Mixed Heritage mothers and fathers feel stereotypes of Black pregnant teenagers and young Black parents influence lay and professional views.

A sense of individual responsibility and accountability for the care and welfare of the child was commonplace among African Caribbean mothers. This contrasts with Muslim mothers who described a norm of shared/familial responsibility.

All young fathers take their role seriously. They adhered to conventional aspirations of fatherhood, accepted dual responsibility for the pregnancy and stressed their long term commitment to their child, irrespective of whether they remain/ed in a relationship with the mother of the child.

Yemeni and Pakistani parents are more satisfied with services for pregnancy and parenthood than African Caribbean and Mixed Heritage parents. However, Yemeni and Pakistani parents and African Caribbean and Mixed Heritage fathers utilize fewer services across the network of partner organisations than African Caribbean mothers.

Muslim and African Caribbean/Mixed Heritage teenage mothers have very different experiences and needs vis-à-vis giving birth and pre and post maternity provision.

Muslim parents' expressions of greater satisfaction with services should be considered in light of the following: Pakistani and Yemeni parents do not enter the system with the negative expectations common to African Caribbean and Mixed Heritage parents and some are less critical of services because they compare favourably with those experienced in their country of origin. Young Muslim mothers also appear reticent to criticise the support offered by services and family.

GP and Health Visitor provision are construed more as a necessary element of maternity and parenting surveillance, than a support structure. GP provision is seen as a point for confirmation of pregnancy and information giving. Encounters with GPs are perceived as 'rushed' and some young people felt GPs did not take them seriously.

The point of first encounter with services is crucial to challenging young people's preconceptions of service providers. Positive first encounters affect subsequent uptake of services. As points of confirmation for pregnancy, GPs and sexual health services are important in this sense. Young people want practitioners to be '*kind*', '*understanding*', '*non-judgemental*', and affirm their status and potential as parents.

For all, services in the community are regarded more positively than those experienced in clinical settings (notably radiography, antenatal clinics and maternity wards).

Community midwifery is generally highly regarded. Midwives are commended for their clear information-giving, time, understanding, support, and continuity of care.

Muslim mothers felt their teenage status did not affect care from clinicians, in all settings; African Caribbean teenage mothers felt subject to judgmental attitudes and poor care on maternity wards. Their youth was felt to be particularly significant. Prior to using services, perceptions among African Caribbean and Mixed Heritage mothers are influenced by negative expectations of service providers and word of mouth publicity.

Hospital based services (antenatal checks, labour wards and radiography) are criticised by all mothers for lack of information, inflexible procedures and visiting times, busy staff, levels of noise, lack of privacy, unpalatable food, and lack of recognition of culturally specific needs (see below). The desire to be 'listened to' and have vulnerabilities 'understood' by professionals were common requests.

Hospital domestic staff are cited as important sources of support and affirmation

Regimes in hospital and advice on caring for the baby are ethnocentric and do not recognise cultural diversity or individual preferences. This is particularly important to the birth process and immediate post-natal period wherein a universal approach is not appropriate.

The following issues are highlighted:

- Revealing one's body during maternity examinations creates embarrassment for some Muslim young people. This affects compliancy (particularly attendance at maternity check ups)
- Not all mothers want the father to be present at the birth
- Not all mothers want to hold their baby straight after birth and/or before it has been washed. Feelings about the baby at this stage could impact on bonding
- Advice on care and feeding babies is ethnocentric
- While the request for more information is commonplace, preferences over the content and mode of delivery vary. Some prefer one-to-one verbal information-giving; others written information that can be digested in private; videos are also recommended. Some Pakistani women find the detail contained in videos and photographs on giving birth '*frightening*', '*uncomfortable*' and '*off-putting*'.

Services for pregnant teenagers and teenage parents are perceived as female focused. Perceptions of the degree to which service providers encourage fathers' involvement vary, with Muslim fathers said to be more included than African Caribbean and Mixed Heritage fathers.

All fathers interviewed are keen to be involved in services relating to their child but African Caribbean and Mixed Heritage fathers are dissatisfied with service provision. They feel that debates on and stereotypes of young fatherhood ignore and/or undermine their desire/efforts to be a 'good' father. There is a perception of professional resistance to treating young parents as a 'couple' with the same potential as older parents to succeed in their role and responsibilities. They recall judgmental and assumptive practices that are said to discriminate on the grounds of gender, youth and ethnicity and enhance feelings of marginalisation that prevent more proactive involvement in fathering. First impressions of services are again salient in this respect. Specific complaints relate to procedures that exclude them, feeling '*talked down to*', lack of information and understanding, lack of consultation in decision making (e.g. on birth options, pain control) and strategies that are inflexible and/or prevent fathers giving their partner the level of support desired.

Barriers to fathers' inclusion include an assumption that they are not invited, lack of active targeting in publicity, perceptions of staff attitudes and expectations of judgement, fathers' sense of their role not being affirmed by professionals, lack of knowledge on procedures and inflexible visiting hours. Notions of unfit or 'bad' identity influenced some fathers' non-participation in services. For some African Caribbean and Mixed Heritage young men, there is also a peer culture that does not promote involvement.

For those with experience of the service, Sure Start Plus initiatives to support pregnant teenagers evaluated very well. Only females had knowledge of Sure Start Plus. The support and continuity of care provided by community midwives and Personal Advisors was credible and particularly valued. Those with a personal advisor felt fortunate and stressed an awareness of 'waiting lists' and pressures on their time. Access to the services is not routine and appears to depend on the point of confirmation of pregnancy. Knowledge of the services on offer is not universal.

Some African Caribbean/Mixed Heritage mothers experience stress through lone parenting and isolation, and the attitudes of the local community, and some miss the opportunities for friendships and socialising sacrificed on becoming a parent.

All mothers perceive services and support as focused on the post birth period. They request more recognition of the need for support during pregnancy and more activities and groups for pregnant young women and/or fathers.

African Caribbean/Mixed Heritage fathers are those most denied support and understanding. In particular, they lament the lack of support to help them negotiate better relationships with the mother of their child (& sometimes her parents). The Father Figures project is the only support/education project that targets young fathers in Sheffield. The project has active representation on the Sure Start Plus Partnership Board and continues to offer its services as part of the support package within Sure Start Plus services. Despite this, the project has received only one referral (to date, 140 cases reported) and requires more routine sharing of information significant to young fathers.

All parents request more crèche/respice care facilities.

None of the teenage mothers or fathers (15-21 years) was involved in traditional forms of further or higher education. As far as we can ascertain, with the exception of two females, none were involved in education, employment or training. Females who became pregnant before 16 years disengaged from school before completing GCSE assessments. None recall any contact or support from the schools after their exit. In relation to the future, only two females disclosed a commitment to seeking further education or skills enhancement. Muslim mothers' biographic traditions contrast markedly with those of African Caribbean and Mixed Heritage mothers in the tendency to delay employment and training until their children are older. More data are required to understand this more fully (though this was not part of our remit).

Only one young mother was utilizing the Connexions service and the guidance and skills training offered were regarded as valuable. Attendance requirements (particularly during the early stages of pregnancy) and lack of individualised support are problematic for lone mothers without family support.

The efforts of teenagers to be 'good' parents, and the diversity of parenting and employment patterns evidenced in this study are not acknowledged in debate or policy in the report on Teenage Pregnancy (SEU 1999).

Complex and time consuming state benefit bureaucracy creates stress and unnecessary problems for teenage parents under 16 years.

IMPLICATIONS AND RECOMMENDATIONS

1. Young people's perceptions of how others view young parenting does not match their own. It is recommended that policy and interventions endeavour to frame teenage parenting more positively for those already committed to this outcome.
2. Stereotypes of Black teenage parenting appear to influence the quality of care received. African Caribbean pregnant teenagers and parents are constructed more negatively than Muslim pregnant teenagers and parents. In line with the Race Relations Amendment Act (2000) that requires the promotion of positive images of people from ethnic minority communities (Blake, 2002), it is recommended that these issues be explored with professionals and considered for their impact on approaches to care.
3. The different experiences and culturally specific requirements of Muslim and African Caribbean/Mixed Heritage teenage mothers need recognition and individual negotiation. This should be implicit to policy, planning and training. Individual preferences relate to discomfort with revealing one's body to practitioners, presence of the father at the birth, holding the newborn child before washing, and the nature of information in materials on pregnancy and birth. Practitioners need to be familiar with the content of the latter so that clients are clearly informed before viewing them. Ethnocentric advice on care and feeding the child require review.
4. It is recommended that services give greater recognition to the perceptions and needs of young fathers, actively promote their involvement through specific targeting strategies, provide clear explanation of and information on policy and practice, consider more innovative methods of facilitating young parents access to information and generally encourage fathers' greater involvement through more flexible and youth orientated provision. School-based education and specific youth and parenting projects are recommended to innovate on interventions that challenge the existing norm of fathers' supplementary role in parenting (see also point 11).
5. The first point of access is significant to the trajectory of future care. First encounters with service providers must be positive in order to diminish negative expectations, enhance the potential for compliancy and promote positive word of mouth publicity. In this respect, points of confirmation of pregnancy require particular scrutiny. A majority of participants utilize local GP provision for confirmation of pregnancy and reflections are less positive than those entering the system via the Central Health Clinic. Sharing models of good practice is recommended.
6. Perceptions of hospital based maternity staff as uncaring and rushed, (and for some, judgmental) requires further inquiry. Clients' negative expectations diminish opportunities to develop trust and might affect the quality of the birthing experience. Visiting times, private space and food also require review. Peer education approaches to challenge negative expectations and word of mouth views is recommended (see also points 10 and 21).
7. The role of non-clinicians/domestic staff in supporting teenagers in hospital settings is worthy of exploration. Inclusion in in-service training is recommended.
8. Community midwifery has been more successful in working with pregnant teenagers and young parents than hospital based midwifery. It is recommended that community and hospital midwifery adopt a more collaborative approach and share insights and examples of good practice.
9. Following the success of the community based personal advisor role, a designated hospital-based key worker for pregnant teenagers is recommended.

10. Teenagers request more support and health promoting activities during pregnancy. Inter-agency collaboration and resources are recommended to provide more assisted (and non-clinical) support and provision to attend to this need. This would also provide opportunities to challenge negative expectations and promote positive word of mouth publicity (see also point 20).
11. Sure Start Plus policy and strategies are recommended to be more proactive in engaging fathers. This could include more effective working relationships with projects such as 'Father Figures' and facilitation of a more inclusive role in Sure Start Plus decision-making, referrals and information sharing. Funding specific projects for young fathers should be considered within Sure Start Plus budgets.
12. Access to Sure Start Plus services for pregnant teenagers should be routine and not dependent on the point of access to maternity provision. Better publicity and awareness raising for key personnel is recommended. The Personal Advisor initiative is successful and the resource implications for its enhancement merit inspection. Developing the service to include support for fathers is specifically recommended.
13. The affirmation experienced by Muslim teenage parents is not accorded to African Caribbean and Mixed Heritage parents. The impact of the local community and isolation experienced by some African Caribbean/Mixed Heritage parents should be acknowledged in strategies and approaches to support. It is recommended that this could be tackled through detached youth work and community development initiatives.
14. The implications for mothers and fathers without family support and African Caribbean and Mixed Heritage fathers who experience exclusion from the mother of the child and her family require consideration. A Sure Start Plus target could be to facilitate a strengthening of family support and/or reconciliation with partners and her family.
15. It is recommended that Sure Start Plus review and innovate policy to address the disengagement of young parents from pre-16 education and the lack of support from school at the onset of pregnancy, and subsequent absence from training, skills development and employment. Closer and more routinised collaboration with schools, re-integration officers and employment/skills agencies is recommended.
16. The Connexions service is not widely used by this cohort nor meeting its remit to reach marginalised groups. Increasing awareness of the service for professionals and clients, more flexible attendance/home based study, and a one-to-one mentoring scheme are recommended.
17. The system for supporting soon-to-be or new parents with custodial sentences is recommended for assessment and review.
18. It is recommended that housing and benefit agencies work in closer collaboration to diminish the complexity of policy and procedures that create additional problems and stress for teenage parents under 16 years.
19. The housing needs of young parents require better understanding, particularly those resulting from sharing homes with in-laws and other extended family members. Housing agencies are recommended to improve knowledge of housing arrangements for young parents and dedicate resources to improving provision.
20. A Sheffield Sure Start Plus Website for pregnant teenagers and young parents is recommended. This would be a first step to attending to the need for more information on services and familiarity with sources of support, provide up-to-date information on

developments and events (photographs and names of staff, support groups, activities for pregnant teenagers etc.) and a vehicle ('chatroom') for sharing experiences and information. The Website should be designed by young parents. This would meet the requirement for positive representations of young parenting (imagery and scripts), ensure the Website is client-centred and accessible, and equip peer 'web designers' with transferable employment skills.

21. The possibilities for locating services for pregnant teenagers and young mothers and fathers in more familiar and trusted settings is recommended. This would ensure services and practices are culturally appropriate, diminish the tendency to negative preconceptions of professionals, ease anxieties associated with entering new systems and institutions, reduce transport problems, and facilitate better continuity of care. Feasibility discussions between agencies in local communities and clinicians are recommended.
22. The findings signal clear messages for social inclusion policy and Sure Start Plus initiatives with a specific brief to support marginalised young people. Service providers in statutory and voluntary sectors (in health, social services, education and careers/skills development) are recommended to consider the findings and identify the aspects that correspond with existing roles and responsibilities and devise action plans for meeting the gaps and weaknesses in provision.

CONCLUSION

This research concludes there are gaps and weaknesses in service provision for pregnant teenagers and young parents from ethnic minority communities. There is unequal access to services across the network of partner organisations.

Existing provision does not offer equality of opportunity and presents obstacles to holistic, client-centred, high quality care. Staff attitudes, poor recognition of the specific vulnerabilities of teenage parents, individual and culturally specific needs, lack of adequate resources of time and staff, and inflexible procedures are notable.

Factors that prevent (or deter) young people accessing services that are available include lack of promotion of positive images of ethnic minorities, lack of active targeting, lack of positive word of mouth publicity, lack of referral to Sure Start Plus support initiatives, and a peer culture that does not promote the inclusion of fathers

Overall, future policy and strategy needs to consider both the degree of utilisation of services available and the quality of care received.

FURTHER RESEARCH

The following are recommended for further research enquiry:

- More in-depth enquiry of young father's experiences in general, and Muslim fathers, specifically.
- The perspectives of professionals and non-clinical staff on approaches to working with pregnant teenagers and young parents from ethnic minority communities.
- The experiences and perspectives of significant others (e.g. parents, in-laws, supportive friends) on strategies and needs for supporting teen parents.
- The educational and employment ambitions of young mothers from ethnic minority communities and its place in current and future sense of selves. Very little is documented on Muslim women's views and ambitions.
- The perspectives of Muslim parents who have recently arrived in the UK. These young people are hard to reach regarding research and needs assessment.
- The reflections of older Muslim mothers on their experiences of teenage motherhood. It is our experience (insights from community development workers) that older mothers feel less constrained to express the negative aspects of teen parenting and research enquiry could reveal perspectives that this project has not uncovered.
- In -depth and qualitative enquiry of the everyday experiences of mothering and fathering. What helps and hinders the process of being a teen parent? What are the key competencies and biographical contingencies for coping? What do imagined (life, career and parenting ambitions) futures look like?
- A repeat of this research in 2-3 years to evaluate the longer term impact of Sure Start Plus Initiatives on those participants from the study who will still be under the age of 18 in 2005/6.

INTRODUCTION

Sheffield Sure Start Plus is a citywide service set up to provide support for pregnant teenagers and teenage parents under the age of 18. The service began taking referrals in December 2001. It commissioned Tinsley Parents and Childrens Consortium (TPCC), The Father Figures Project, Listen to Us¹ and Sheffield Hallam University to find out which services teenage parents from ethnic minority communities currently use, what barriers (if any) they experience in accessing services, and how to develop services that are more appropriate to their needs.

The research findings were intended to:

- Determine the impact that the Sure Start Plus programme has had - and is having - on the lives of pregnant teenagers & teenage parents from ethnic minority communities in Sheffield
- Find out if those young people are accessing services across the network of partner organisations (Housing, Midwifery, Sexual Health, Connexions, Schools, etc.)
- Share the learning with other Sure Start Plus pilots.

The project commission specified that interviewees were to be recruited from these ethnic minority communities who either are, or have been, teenage parents themselves.

It should be noted that research findings on the impact of Sure Start Plus reflect only its first nine months of operation.

BROADENING THE AGENDA

The social exclusion agenda that frames Sure Start Plus can lead to over-deterministic research enquiry that highlights the negative aspects of experience and to some extent reinforces stereotypic aspects of teen pregnancy and parenting. In addition, the externally determined remit to focus on service provision enhances the potential to limit understanding of the broader aspects of experience. Notwithstanding the constraints of time and finance, our research strategy endeavoured to avoid this by setting lives in context from the outset of data collection and ensuring our research questions avoided reductionism and procured positive as well as negative aspects of experience. We also wanted to include the perspectives of fathers as well as mothers.

We found that African Caribbean and Muslim young people have very different feelings about their experiences of pregnancy and parenting and the services used. The experiences and needs of ethnic minority teenage parents should not be universalised and recognised as requiring a diversity of responses in policy and practice. As our sample is small we do not suggest that the evidence documented here is representative of larger populations and stress the need for more detailed understanding of some groups (e.g. fathers in general and Muslim fathers in particular). Nevertheless the findings have relevance for appreciating the needs of wider ethnic minority populations specifically, and pregnant teenagers, their partners and teenage parents, in general.

¹ The Father Figures Project is a city wide service for fathers of all ages, ethnicities and backgrounds. It offers a range of services including creative arts. 'Listen to Us' is a community development project that offers support and activities to young people in the Burngeave area of Sheffield. TPCC is a voluntary organisation run by a management committee that provides quality childcare, training and health initiatives in the local community. Tinsley Sure Start works to ensure that all children in Tinsley have the best possible start in life. It is using extra Government resources to make a difference to children's health, development, reading and writing abilities in the local area.

As well as meeting the outcomes set, we achieved additional value-added benefits. Most notably, participants valued the opportunity to have their views heard, and enjoyed sharing their experiences with other young parents. Participants employed as interviewers valued the skills learnt and saw them as transferable and relevant to seeking employment. Some requested written evidence of their participation in the research to add to their 'Record of Achievement' portfolio. Participants' feedback on their involvement is documented in Appendix 4.

METHODOLOGY

The research strategy engendered a code of practice intended to convey respect and accountability to participants, privilege their perspectives in the report and dissemination of the research, enhance their awareness of services on offer, endorse their role and efforts as young parents, and ensure participation in the project did not render harm or financial and organisational hardship. This involved the following:

- Clear information and understanding on the background to the project, study objectives, its funding and key stakeholders
- Negotiation of and soliciting participants' guidance on proposed methodology and rationale for mode and targets of dissemination
- Clarity on the possible extent of participants' involvement and separate negotiation for each stage of the research method
- Commitment to negotiating informed consent and opportunities for withdrawal
- Discussion of the realistic impact of the research on policy and practice
- Emphasizing our perception of participants as the experts on their experiences and needs and using research strategies that privileged their insights
- Payment for involvement

Methods used included small group discussions (akin to focus groups), in-depth interviews, and photographic diaries. Childcare and interpreters were available if required. Peer interviewers received guidance and on-going support during the fieldwork. Participants were invited to take part in all stages of the research, including consultation on developing the topics to be covered in interviews and the type and mode of questioning, and involvement in the resultant dissemination event(s).

All information collected has been anonymised and pseudonyms are used throughout for participants and professionals referenced in disclosures. Terms to describe ethnicity are those chosen by participants.

RESEARCH PARTICIPANTS

A total of 41 young people participated in the research. This exceeded our initial target of 20 participants (12 mothers and 8 fathers). The final sample comprised 13 African Caribbean and Mixed Heritage Fathers, 12 Muslim mothers and/or pregnant (10 Pakistani, 2 Yemeni), and 16 African Caribbean and Mixed Heritage mothers and/or pregnant. Twelve of these participants were recruited at the event staged to launch the project, the rest resulted from contacts made directly by the teenage peer researchers. Unfortunately neither of these strategies were successful in recruiting Muslim fathers.

Appendix 1 indicates the sex and ethnicity of participants in the study. Some data on participants' relationship with mother/father of child, living arrangements and age of child/ren are included, but for others these data are not available. This reflects our deliberate intention not to interrogate participants for these details since it was neither our business nor our brief; however, some participants offered this information during the course of the interview.

STAGE 1 - CONTACTING POTENTIAL PARTICIPANTS

Researchers from 'TPCC', 'Tinsley Sure Start', 'Father Figures' and 'Listen to Us' made initial contacts with potential participants via existing professional networks and prior relationships/work with teenage parents. In addition, researchers from 'Listen to us' and 'Father Figures' carried out detached youth work in efforts to secure harder to reach young parents but this proved unsuccessful. The purpose of stage 1 was to seek volunteers to carry out photographic diaries (see stage 2) and invite participants to the launch of the project and 'photo diary' exhibition (stage 3).

STAGE 2 - 'PHOTO DIARIES'

Twelve young people were issued with a disposal camera and asked to photograph images of their choosing on their lives as parents. The research aim was to provide a visual record that depicted teenage parenting in a broader and everyday context. Participants returned the cameras to their research contact and the photographs were developed. Respective participants then selected six of their photographs for display in the 'photo diary' exhibition. No selection criteria were imposed with participants free to choose the images perceived as most significant or meaningful to their lives. The photographs were enlarged and mounted and parents wrote titles, scripts or speech bubbles to accompany the photographs. Each parent gave their written consent to the public display of their photographs. The exhibition was displayed for one week in the main foyer of the Crucible Theatre.

STAGE 3 – MACTIPP LAUNCH - CRUCIBLE THEATRE

The official launch of MACTIPP took place at the Crucible Theatre in Sheffield city centre. Potential participants for stage 3 were invited directly via face-to-face meetings or telephone discussions with project team members. This included those already involved (in stage 2) and new contacts. Verbal invitations were followed up with a written postal invitation (see Appendix 3 for copy of the invitation). Participants commented that the written invitation further encouraged their attendance because it appeared 'friendly' and 'informal' and 'someone had bothered to write to them'. The provision of lunch, an on-site crèche or payment for private childcare arrangements, bottle warming facilities and free travel (either by minibus or reimbursement of taxi or bus fares) may also have motivated attendance.

In addition to launching MACTIPP and the 'photo diary' exhibition, our aims were to run small group discussions, collect data, consult with potential participants on our research questions and proposed mode of data collection, and to sign up teenage interviewers for stage 4 of the strategy.

Twelve participants attended the launch. Also in attendance were six research team members, two volunteer practical/administrative assistants, two crèche workers, one interpreter, and the Co-ordinator of Sheffield Sure Start Plus.

After lunch, informal introductions and a brief overview of the project, all those present consented to participation in small group discussions (having first been asked to consider this possibility prior to the event). This resulted in four semi-structured small group discussions (conducted by project workers) comprising the following:

- Fathers: 1 x African Caribbean, 2 x Mixed Heritage,
- Yemeni mothers x 2
- Pakistani mothers and/or pregnant x 3
- African Caribbean mothers/or pregnant x 4

The initial contacting and invitation of participants to the launch, and its practical organisation, was very time consuming. The resource implications of this activity should not be underestimated.

Appendix 4 provides a detailed record of the event and documents participants' feedback on the event.

STAGE 4 – PEER INTERVIEWS

As agreed at the MACTIPP launch, those volunteering to be interviewed and/or serve as peer interviewers were contacted after the event and given verbal and written guidance on interviewing technique and cues for questioning in the interview (see Appendix 5). A separate interview guide for mothers/pregnant young women and fathers was provided. Though several of the questions on the script were common to mothers and fathers, some were distinguished to highlight issues specific to mothers or fathers. Interviewers were told they did not have to stick to the cues suggested, could ask questions in any order and feel encouraged to follow the interviewee's lead if other issues emerged. The resultant transcripts evidence that interviewees acted on this advice since no interviews followed the same format, some questions were omitted and new questions included. A tape recorder was allocated to each interviewer. Peer interviewers conducted 29 individual semi-structured interviews, which exceeded our revised optimum target of 20 interviews.

Interviews were conducted in interviewees' or interviewer's homes and depended on the preferences of the interviewee. Both interviewer and interviewees were paid for their time.

ANALYSIS

Taped interviews and group discussions were transcribed verbatim. Data were analysed on the basis of dominant themes and summarised in the third person. Verbatim extracts from disclosures are used to substantiate the analysis and are distinguished in this report by their bracketing in quotation marks and italics.

REFLECTIONS ON METHODOLOGY

ETHNICITY OR FAITH?

The remit of the project specified that the research focused on Muslim and African Caribbean teenagers' experiences of services for pregnancy and parenting. Our sample of Muslim young people included only Pakistani and Yemeni mothers and, as anticipated their needs and experiences varied. It is important to ensure that the title 'Muslim' does not dictate a universalising approach to policy and practice. It is worth noting, however, that some participants were encouraged to become involved in the project because 'Muslim' appeared in the project name.

LIMITING RESEARCH TO UNDER 19 YEAR-OLDS

The research specification stipulated that the project should include young people up to the age of nineteen. This is an arbitrary and problematic boundary. First, while the age limit frames 'teenagehood', it can exclude useful insights from those who are a little older but became pregnant or parents as teenagers. Second, it can restrict research on fathers because many young men became fathers after 19 years (partner under 19 years) but perceive their relative youth as significant to their experience, and several of the mothers in our sample had fathers over the age of 19 years (the eldest being 38 years) who were not eligible for inclusion in the project. Third, accessing teenage parents from ethnic minority communities is not easy and age restrictions compound the difficulties. This is particularly true for Muslim young people. Given these considerations we opened up the criteria for eligibility if potential respondents felt their experiences of early pregnancy and young parenting were relevant to the objectives of the study, irrespective of their current age.

RESOURCE IMPLICATIONS OF ACCESSING TEENAGE PARENTS AND CO-ORDINATING COLLABORATORS

The difficulties in accessing teenage parents from African Caribbean and Muslim backgrounds had considerable financial and organisational implications. Co-ordinating the efforts of research collaborators from different projects and organisations is also time consuming as agencies have diverse agendas, priorities and resource/time allowances for the research. Our strategy did not adequately predict these issues and relied on considerable goodwill and unpaid input in order to ensure the completion and success of the initiative.

TRAINING THE PEER INTERVIEWERS

Funding did not facilitate adequate time for training the interviewers to a standard we would wish. As a result, some of the participants' responses were not probed. This rendered omissions in the data that might not have resulted had the interviewers been more experienced. An interview script (more appropriately referred to as cues for questioning) was designed which may have influenced resultant data but we did not feel we could ask interviewers to carry out unstructured interviews with so little experience. However, our encouragement to use the script as cues for questioning engendered an unstructured style of interviewing that resulted in a variety of responses. Analysing this type of data requires more time than would be required for collation of results from structured interviews, hence our resources for analysis were exceeded.

The requirement by funding bodies that data collection be carried out by the subjects of the research (as in this project) should acknowledge the enhanced cost implications and reflect this in the budget.

MATCHING BUDGET WITH METHOD

In itself, the research project relied on limited funding for its research collaborators, design, implementation, analysis and report. But our particular methodology involved extra costs that were necessarily incurred in order to meet the remit and carry out the research ethically.

First, funding had to cover the commitment to paying participants for their involvement but the extent of this commitment (and cost) was unpredictable as we had no sense of the degree of interest or whether our proposed strategy could be operationalised. Our optimum sample size targets (and costs) were exceeded because we did not anticipate participants' enthusiasm to conduct peer interviews, did not want to dampen their enthusiasm or exclude any willing participants. Furthermore, difficulties in contacting and monitoring peer interviewers in the absence of a formal management structure made it impossible to control the number of peer interviews¹ and we did not want to appear autocratic as this went against the spirit of the research project.

Second, funding covered payment to participants for completing 'photo-diaries', cost of cameras and development of photographs, attendance at the launch of the project, reimbursements of travel expenses, minibus to transport mothers to and from launch venue, crèche, refreshments and technical items (tape recorder cassettes, batteries). Other hardware (PCs, tape recorders, transcription machine etc.) was provided at no cost to the project.

Tinsley Sure Start voluntarily provided mini bus drivers, an interpreter, technical and administrative support and extensive staff time on contacting potential participants. 'TPCC', 'Listen to Us', and 'Father Figures' gave time and resources beyond that which was funded in order to guarantee the success of the initiative (e.g. staff time, administrative assistance, room hire for research project meetings).

Regardless of these limitations the data set is rich and participants' feedback evidences that they valued their involvement with the project.

¹ To reiterate, peer teenage researchers conducted 29 interviews (our target was 20). Thus we incurred nine additional fees for the interviewers and another nine fees for interviewees.

FINDINGS

The findings are divided into two sections, ‘Lives in Context’ and ‘Young People and Services’. ‘Lives in Context’ documents positive images of young parenting, visibilises fathers’ perspectives and depicts the place of family and social support. ‘Young People and Services’ first describes data from fathers then mothers. The section on mothers is organised as a ‘maternity care pathway’ and depicts views, experiences and needs on confirmation of pregnancy, pre-maternity care, birth and post maternity care, creche/respice support, schools, and skills training/employment. The findings end with a consideration of other significant factors that affect the experiences of young parents.

1. LIVES IN CONTEXT

Data from this research project is valuable in that it enhances understanding of lives in a broader context, documents the everydayness of experiences and makes visible the positive aspects of teenage parenting and their skills and desires to be seen as ‘good’ fathers and mothers.

Teenage parenting is a proactive choice for Muslim young women; all pregnancies occurred within marriage and were said to be welcomed; and none were lone parents.

The situation for African Caribbean mothers is less clear because this information was not requested directly (from any of the sample) and not as routinely volunteered as was the case for Muslim mothers. However, most said they were ‘shocked’ and/or ‘scared’ on realising they were pregnant, and some disclosed they were unsure whether they wanted to continue with the pregnancy. In most cases, explanations are not evident but one mother said she went through with her pregnancy because she was ‘against abortion’, another did not terminate two pregnancies because her mother was ‘not into abortions’ and another’s initial intentions to ‘get rid of it’ were changed when her ex-partner pledged his support. Less than half (7 of 16) of the African Caribbean mothers state or imply they are in a relationship with the father and the rest either state or intimate estrangement from the father and/or acrimonious relations with the father.

All Yemeni and Pakistani mothers first disclosed the pregnancy to the father before confiding in family members, and African Caribbean mothers were more likely to disclose to a female family member or friend before informing the father.

Seven (out of 13) African Caribbean and Mixed Heritage fathers live with their child and partner or have regular contact with them. One father is estranged from the mother of his child and experiences access problems. Six fathers did not disclose these details.

It is significant that younger African Caribbean mothers (under 17) tended to conceal their pregnancy until it could no longer be concealed (two concealed until 6 months). Three mothers who claimed they had had no contact with services throughout the pre-maternity period were under 17 years.

• Feelings about Parenthood

There is considerable literature on statistics and predictors of early pregnancy and parenting (see SEU, 1999) but little on the actual experience of pregnancy and early parenting. The ensuing evidence attends to this omission and captures a more holistic picture of young parents’ perspectives and everyday lives.

In general terms, prospective and actual parenthood was regarded positively. All stressed feelings of

amazement and pride when recollecting the birth of their child. The sense of responsibility and emotional and practical considerations were also significant:

'Amazing' - Sarabjid

'I was overwhelmed' - Angela

'I was really shocked, but I was really happy from inside' - Safiyah

'You can't actually believe that's your own flesh and blood. So happy .. can't believe it' - Farzana

'I just felt happy. And my husband was happy, too, because it was part of us, the new baby. A bit of joy and happiness' - Dalgit

'I was excited but scared .. not ready to become a mum, not my parents' baby anymore, responsibility' - Sharda

'We both [mother and father] couldn't believe it. That's ours!' - Soraya

'... makes me happy, something of our own. It's the best feeling ever' - David

'He [baby's father] was over the moon' - Teresa

'I just felt right happy inside' - Tim

'The most important thing in my life is them [twins] born in my life. And that they're well' - Jake

'It [birth of child] was the best day of my life ... I was really excited, a bit worried but determined to do well and be more focused.... I felt like telling the whole world I've become a better person ... I'll make sure I keep on the straight and narrow' - Steven

'Frightened. I felt upset but I weren't upset, I were happy' - Dom

'I kind of thought, right then, I know what I've got to do, I've got to .. you know .. see it as part of my life....

I knew I was ready for this .. responsibility. Whatever you've got to do for that child's got to be done' - Tony

'I felt unsure at first, it's a lifelong commitment. Life changing. But I just wanna be a good father' - Leeroy

'I was happy, and shocked. I wanted to do everything but her mother didn't want me involved at first ...

happy, overwhelmed, couldn't believe I had made this baby. I'll stick by her mother no matter what' - Pascal

'I'm proud I have a soldier to carry on the line. [I'll] always provide a role model and support for my child.

Make sure they want for nuttin' - Adam

'Can't wait to see my baby .. my very best and very special day, when I see my baby in my arms' - Samina

'I felt really happy but, at the same time, I didn't know how to tell, like, members of the family and that. I didn't want them to feel like I was putting my life on hold, or ruining my life. As I was continuing doing a college course, and I didn't want them to feel I was going to ruin my life by having a child, even though I know this was my decision, and I made the best decision in my life' - Avril

'I felt happy, but I'd have preferred it if the father had've been around [in prison at time]. I'm always gonna be there for him [son], no matter what ... I will always stand by him one hundred per cent' - Kirsty.

• **Others' Perceptions of Teen Pregnancy and Parenting**

Muslims and African Caribbean teenagers had different views on how their pregnancy and early parenting was perceived by others.

'We're seen as respectable'

Muslim females asserted that teen parents were perceived positively:

'We're seen as respectable' - Naheed

'Seen as okay, becoming a mother at that age' - Samira

However, it is significant that the affirmation of family and friends was more important than the attitudes of strangers/wider society:

'I got no problems with anyone. My family's happy. My in-laws are glad for a grandchild, and [other] people around us don't know how they feel. If I am happy, husband happy, mum, dad and family's happy. I don't care what other people say' - Safiyah

'We're seen the same as all other mothers ... our choice and all' - Nelgen

The notion of choice is salient. A 'planned' pregnancy seemed to engender legitimacy, with many statements qualified on this basis:

'It weren't a mistake ... I were happy ... we were both happy, cos we were planning to, we wanted to have a baby' - Farzana

'Got pregnant straight way, we wanted it' - Samina

'We're seen as immature, ... stupid, stereotypical young black kid'

In contrast, there was a unanimous perception among African Caribbean females and males that teen mothers and fathers are viewed negatively, with an implicit assumption that teen parenting is axiomatic to a 'mistake', and to lone parenting or poor parenting:

'... [teen parents are] seen as stupid, ruining their lives' - David

'Most people look down on you' - Mandy

'...the older generation looks down on us' - Steven

'We're seen as immature cos of children outside marriage' - Robbie

'I think with being black, it makes the matter .. bad, cos not only am I a young mother, I am more likely to be single as well' - Avril

'They think we're not capable' - Corrine

'They see me as a sket'¹ - Alma

'... people judge us because we're young and we've got kids. I think they see us as bad mothers' - Ebony

'.. seen as incapable, too young, not mature enough to have children' - Pascal

'Young black parents are seen mainly as single parents who struggle and are unable to be good parents'

- Leeroy

'Young mothers are seen as stupid.. they get looked down on' - Kirsty

'They look at you like you're not going to be up to the task' - Tony

'They're a bit against us ... they see young couples having a baby, they see it must be a mistake straight away'

- Adam

Others' views are perceived as linked to negative constructs of female and black sexuality:

'They look at us [black mothers] and think "breeding again"' - Angela

'They thinks we just go round sleeping with different boys and we're stupid' - Lorraine

'They look at me like I'm a slag head and not capable' - Georgia

'Black mums are seen as slappers and skeets' - Leyla

Dependency on state benefit is also implied:

'Young parents are seen as wutlus [witless] people ... living off child benefit. No good' - Mo

'Young parents are seen differently to older ones, they think we don't know what we're doin', and they think we just do it to get a flat or extra benefits' - Jasmine

Or, the pregnancy had been engineered:

'She just wants that man to stay with her. She's trying to catch that man, and all that. A load of crap' - Julie

'I just got breded up [pregnant] and dumped. So now I needs help' - Alma

'They think we're doing it for extra money' - Teresa

Some felt fathers were not perceived as negatively as mothers with the onus for responsibility placed firmly on the female:

'... fathers aren't blamed same as mothers' - Teresa

¹ Interviewees defined 'sket' as *'they haven't been looked after properly, and they just go round sleeping with different boys, and stupid.'*

However, fathers felt blame was apportioned to them:

'... the perpetrators of the mistake ... you've made it that way, it's your fault' - Dom

Being a black father was said to enhance condemnation:

'Stupid, seen as a stereotypical young black kid' - David

'... they look at your background and think mischief ... you're not ready to be a father yet' - Tony

'It's worse because as a young black person certain views are going to be there [...] and then as a father, that couldn't get much worse could it? You know, like, they look at you' - Jack

These perceptions reflect a stereotypic view of Black teenage pregnancy/parenting (Phoenix, 1991) that has fuelled hyperbolic media and political commentary for several decades (Edwards, 1997). The effect on young parents' sense of self and abilities to meet the challenge of early parenting should not be underestimated. There is also an impact on service provision, for the majority of these discussants enter the realm of maternity provision with a pre-conceived expectation of illegitimacy and judgmental attitudes.

The notion that marriage and proactive decisions to plan a child legitimises Muslim but not African Caribbean parenting is worthy of reflection for its potential impact on professionals' attitudes to care (see 'Young People and Services' below for further elaboration).

'Everyone knows your business' - impact of local community

For African Caribbean mothers, the views and judgements of the wider community in the home locale were said to exacerbate the pressures on mothering, with preservation of privacy seen as impossible,

'[It's seen as] you're in bad form' - Dana

'Where we live, well, where I live, it's right bad, because everyone knows your business, and everyone's watching your business' - Angela

'Everyone knows' - Teresa

'You can't keep anything to yourself' - Angela

'"Oh God, [they ask:] "how old's your baby? Who's your baby's father?" I goes: oh, "Shaggy". "Oh my God, him!" "I goes yeah, why?"' - Julie

This affected perceptions of self and decisions on behaviour. For instance, they experienced added pressures to ensure the child had 'respected' accessories and felt the need to justify being out of the home without their child:

'...[they look at] what your baby's wearing' - Dana

'What pram you've got, or who's the baby's father, and when you're not with your kid, they wanna know why' - Julie

'Cos when people are watching all the time, especially when they're judgmental, it's not like they're just watching you, they're judging you, people try to have one over you, so if your kid hasn't got no Next clothes or whatever, there's like, "oh look at her, I'm better than her cos my kid's got this"' - Angela

'You're like being what other people want you to be. It affects how ya feel' - Julie

'I just go out, but every time I do, there's people looking at me saying, "where's your baby? How can you go out without your baby?"' - Angela

'If you go to a nightclub, even if I go out or sommat, celebrate or sommat, they're like how can you leave your baby? And I'm like don't watch my business cos I'm not watching no-one else's' - Dana

Early pregnancy/motherhood and religious beliefs were offered as explanations for others' attitudes:

'It's just cos I'm younger' - Angela

'Being young's the major thing' - Teresa

'It's more about people's religious beliefs. Everyone in the church's come up saying, "oh look at Marion's daughter" and this that and the other, interfering, always chatting it, always, every time they see me. They're

all whispering and looking at me. I hate it but I just get on with it, because they don't put food in my belly, or clothes on my back, so I don't care' - Angela

These young women's disclosures suggest a lay view of teenage pregnancy and parenting, at best, as not entirely acceptable. The specific local community does not appear to endorse or support the young parents' identity and practices or encourage a positive sense of self. These attitudes may stem from concern rather than generalised judgements but the effect on undermining young parents' position is the same. This lends some challenge to the suggestion that areas with a high visibility of young motherhood might support decisions to continue with a pregnancy (see Tabberer *et al*, 2000 and SEU, 1999).

• **Family and Social Support**

All the Pakistani and Yemeni mothers described receiving considerable practical support from their immediate family, particularly mothers and in-laws. Most fathers were said to be actively involved in childcare. Yemeni mothers cite family and not statutory services as the only significant source of support. Pakistani mothers made similar references:

I know quite a few of my mates have really struggled because their mother-in-law's no help, and they've got no help from outside' - Parveen

A greater majority of African Caribbean mothers were more dependent on statutory sources of support because of being a lone parent or through estrangement from the child's father, family members and previous friendships. However, friends were cited by all as invaluable.

For African Caribbean mothers with little or no support, immense anxiety and loneliness was experienced during the pregnancy and following their discharge from hospital after the birth of the baby:

It would've been better if my parents had been involved. I didn't get a chance to mix with young mums, it were hard' - Rose

I've had no support from my midwife, from my family or my babies' fathers. You feel scared and alone' - Alma

The worst bit is when I got home and me milk started hurting' - Angela

I could've done with more support from my family and friends I was overjoyed .. really .. but ... you've been carrying the baby for nine months and then it's just here ... part of me was scared ... that I had to take it home with me' - Jasmine

The first thing was like the bonding. I didn't know how to. I didn't know what to do. 'I used to get right scared. I were breast feeding. On me own and that' - Dana

Other young women were supported by boyfriends but their efforts were not always appreciated:

My boyfriend were there, but he was just doing my head in anyway so it were just a right shock' - Dana

He [father] were a child, I were having his child, I didn't need another one' - Georgia

There was a perception (and anger) among some African Caribbean mothers that fathers were absolved from sharing the responsibilities of parenting; and the birth of the child did not constrain father's lives:

They should be made to be involved from beginning' - Dana

I think that two people made the baby, so two people should have responsibility, because having a baby is so hard, especially when you're young. My boyfriend, well not my boyfriend, my baby's father's 21 and I'm 15 going on 16, I'm 16 next week, and I can't do nothing. He can go out, up and down, do what he wants, live his life, work and whatever. I can't. I get no help, nothing, not even from his family' - Angela

Most African Caribbean and mixed heritage fathers did not receive information nor support for their fathering role from services or their own family, though some individuals had sought advice from their mothers on discovering the pregnancy.

2. YOUNG PEOPLE AND SERVICES

The following section first documents fathers' experiences then that of pregnant teenagers and mothers. As we did not recruit any Muslim fathers, only African Caribbean and Mixed Heritage fathers' views are represented. Data from fathers is less extensive than that from mothers because African Caribbean and Mixed Heritage fathers had either less involvement in services through estrangement from the mother of their child or their disclosures were less detailed. Mothers' perceptions of Muslim, African Caribbean and Mixed Heritage fathers' involvement are included in the second section.

Views and Experiences of Fathers

African Caribbean and Mixed Heritage fathers

Fathers' disclosures on their role and experience of early fatherhood are often infused with sadness and regret. As far as we can ascertain, none of the fathers were married to the mother of the child though a majority live with the mother and their child. A minority of fathers occupied a more marginal role in the lives of their children. Irrespective of living arrangements, all emphasise their desire to sustain a long term commitment to their child and its mother. Most feel that debate, policy and practice on teenage pregnancy and parenting ignores and/or undermines their desire/efforts to be a 'good' father.

Fathers who were and were not involved in maternity care were disappointed (and often angry) with their experience. A common response from those not involved was one of feeling they had 'missed out'.

From the point of confirmation of pregnancy, the majority felt excluded and experienced a sense of lack of control:

'From when she found out she were pregnant, I weren't included by doctors. At the scan and everything, they just stood in front of me, I couldn't see out ... felt no control in carrying out the pregnancy I didn't understand and when I asked questions I was made to feel stupid' - Leeroy

'I was like to one side [at scan and birth]' - Tim

'My first contact with services was at the birth. I wasn't impressed. I was made to feel excluded. ... At the birth all the information was directed at her [the mother] and her family. I wasn't made to feel welcome and involved as the father' - Robbie

'I didn't go to the classes and that .. I was a bit shy' - Colin

'They didn't let us feel more in control' - David

'I went for the first scan and got the feeling that the nurses didn't really want me around. I went in and I were like asking questions and like I asked a question and she gave the answer to Jane [partner], you now, like, even though I'd asked it. Like, "is the baby's heart all right?", "Oh yes, the baby's heart's beating". I don't know, in the hospital, they'd talk to you, but you know, only if I was stood in the way, then they'd have to talk to you but they wouldn't go out of their way to give me any information. I didn't feel comfortable' - Dom

All perceived maternity and parenting provision to be focused on the mother, with little acknowledgement of the father's feelings:

'... information [at scans and hospital check ups] was directed at my partner not me' - Pascal

'Everything's geared around them [mothers], you know, and it's like saying you're not feeling anything' - Dom

'They should give information to both of you, because you're both going through it. Any information should be given to both of you' - Tony

Daniel attended all the *'check ups, scans and parentcraft'*. He felt judged by doctors:

'... [felt] stupid, seen as a young black kid'

but, he pointed out that *'nurses were more understanding'*. Feeling understood by professionals was unusual among fathers.

Several fathers argued that professionals did not provide clear information but some enhanced their understanding through *'personal reading'*.

All insisted they would have liked more involvement but lack of understanding, feeling patronised and resultant exclusion negated their role:

'We should be involved ... they need to engage men ... gives you a negative feeling' - Dom

'They talked to me like I didn't understand, even those things that were straightforward. You're tret differently cos of your age' - Paul

'Both parties made it [baby] both should be included from day one' - Robbie

'... doctors and nurses should try and understand where young people are coming from' - David

It was argued that they were *'set up to fail'* as fathers:

'How ya ever gonna be any good at it [fathering] if ya get no help' - Steven

'It's as if they kinda want you to mess up' - David

'You need more information on what we are gonna go through, not just leave us to get on with it, find out ourselves. Telling us what's already happened' - Tony

Some said they had no knowledge of pain relief, neonatal development, prior understanding of the birth process or *'mood swings'* that eroded confidence and abilities to *'feel useful'*:

'We don't know anything like that' - Dom

'You need to know what to expect' - Tim

'... to be able to reassure her... you need details. Cos I can't sit there and say, "yeah, yeah", cos nobody's told me about it' - Tony

One father described the anxiety experienced when his partner had to undergo an emergency caesarean from which he was excluded:

'Whatever was going on inside [maternity room] I don't know. I was having to wait outside' - Tony

Another father did not know that his partner had been given an epidural until after the birth. This denial of information, and, moreover, lack of informed consent, was not unusual. For example:

'She [girlfriend] was saying about pain relief ... it's something like beroin but stronger than heroin, and she were saying, "I don't want it", it was a strong version. I tried to tell them but they didn't listen' - Adam

'They should give you more information, not just saying "do you want it [pain relief]?" or, "do this, do that". You don't know what they're doing or why. They should stop judging us. We've got an opinion' - Tim

Individual efforts to be supportive were thwarted:

'She'd just had the baby and you want to stay there and support her like, ... it was night time, I was saying like I'd obviously like to stay with her, she's on her own, it's a big hospital ... but they went "oh no, you can't stay here". I was prepared to sleep on a seat or whatever ... I weren't asking for a bed' - Adam

Though it is not routine policy for any father to stay with the mother in hospital post-birth, Adam was unaware of this. Lack of information and insensitivity to needs are the salient issues here.

Robbie attended the birth of his child but was not involved in pre-maternity care:

'I was angry at first cos of missing the build up to the birth. Angry at partner and her family' - Robbie

Steven was in prison prior to the birth of his child:

'Had I not been locked up I would have gone to all the appointments with my partner. I think the prison service should provide better services for fathers' - Steven

Like disclosures cited above, others described feeling unprepared and lacking in awareness:

'You need more information' - Morris

'If we can't go with the mother, there should be fathering classes. Information classes for fathers' - Leeroy

'You need more information for fathers to help them deal with pregnancy' - David

'Fathers need to know how the pregnancy works. More information for them' - Pascal

All African Caribbean young fathers attributed their treatment from professionals to their young parenthood:

'It's cos I was young' - Leeroy

'I felt I was treated different cos I was a young father' - Pascal

And, assumptions based on stereotypes of young black fathers were said to mediate negative treatment from professionals and ex-partner's families:

'They treated me like a stereotype .. you know, another black kid who's messed up ... doctors and her family'
- Robbie

'I think they look at [fathers] and think, like, couldn't they wait a bit longer [to be a father]' - Tony

Furthermore, this undermined the status of the couple's relationship:

'They don't make you feel like you're a couple having a baby. It's more like, you're a young black man with a white woman who's having a baby' - Pascal

Constructing the mother and father as separate entities, rather than as a couple eager to share responsibilities and decision making, was a common complaint. As disclosures above illustrate, fathers often felt supplementary to proceedings.

Traditional expectations of parenthood exacerbated feelings that the role of a young father was not legitimate:

'I know if I carry the baby around the supermarket or in a shop, especially in like Mothercare, all the women look at you, "oh, he's carrying the baby", as if nobody's ever seen it before. They expect mothers to do everything That's everywhere you go, ... looks at you as if you shouldn't be holding the baby, or you shouldn't be pushing the pushchair' - Tim

Fathers reasoned that gender was not the only issue. Being a young man, whether black or white, rendered more stigma, prejudicial views and negative expectations,

'Being black and young' - Jack

'I think young lads are looked at as if they are going to nick your car. We could be ... waiting for the baby ... but they think "he's up to something"' - Tim

These insights on the attitudes of others should be seen alongside those on 'Perceptions of teen parenting and pregnancy' (see above).

There was a strong sense that young men felt their rights and entitlements were being denied. Several referred to the need for 'equal rights' on parenting. With this in mind, one young man adopted a more determined approach.

'I told 'em [professionals] straight. I just said I wanted to be there when she was born ... and at the scan. I wasn't invited by them [professionals] but I re-assured my partner, before she was born, about the stigma'
- Tony

For Tony, this paid off:

I went to the scan ... they were talking me through it as well as her... the pictures and that, they showed us both ... I've got the pictures at home' - Tony

But, he maintained,:

'[I was] not involved as much as what I'd expected' - Tony

There was a sense of neglect:

It were just like you're not there. Left to yourself' - Tony

The tendency for professionals to assume control and 'know what's best' did not go unnoticed. For some fathers, first experience of maternity services and self-motivated reading had enhanced knowledge of the options they were denied:

I think a lot about options now I've had her [daughter]. You know like other birthing options and stuff like that' - Adam

Yeab you'll know for next time' - Tim

You're trained to think the baby comes out naturally, so that's what you're thinking first. But also, they [professionals] feel that they know more than you, like I'm saying about them being in charge, they think they know best. The best thing might be for a natural birth but if you want a water birth, then that's the best thing for you to try, init? The best thing's got to be what you want, not what it says in the text book' - Dom

'They never get a choice about having your baby at home. They just assume you'll go to the hospital. My friends family, they all had all their children at home' - Tim

• **'Proving yourself'**

Overall, African Caribbean and Mixed Heritage fathers felt there existed no preconceived expectation that they could be worthy fathers. For those living with their partner and child/ren, relationships with their partner's family had only become more affirming and constructive once their fathering skills and commitment had been demonstrated over time. Respect for their identity and role as young fathers has to be earned. Young fatherhood is seen as axiomatic to parenting destined to failure. There is no sense of investment in the potential to succeed nor acknowledgement of the seriousness with which fathers perceive their role. Teen fatherhood is not automatically equated with the 'family', as it might be for older fathers. Mother and child are distinguished from the father in perception and practice. This disempowers fathers and is consistent with the view that fathers are 'set up to fail'. The following are some of many extracts that illustrate this:

'Services and people need to do everything they can for the parents. They don't need to be saying what if they split up, what if this, what if that. They don't need to go on about that. They just need to focus on them as a family, a unit. They want to take it out of your hands when you're younger, they think you can't cope. You haven't got a choice, you're gonna have the baby, and you want to do everything you can' - Dom

'They've got to believe in us, Give us options. You never get to hear about them until after. Don't leave us out' - Tony

• **Support for Fathers**

That young fathers can experience exclusion on two levels – from services and professionals, and from the mother of the child and her family (some fathers did not have regular access to their child) – has significance for the potential of fathers to adopt a proactive or useful role in parenting. Most fathers turned to their female family members (mothers, sisters, and grandmothers) for advice and support. On learning of the pregnancy or imminent fatherhood, several describe confiding in their mother or sister, one his father and friends, another his male neighbour. Some also looked to their family to help them negotiate acrimonious relationships with the mother of their child and (in some cases) her family. Support to ease the stresses evoked, and guidance on more effective

communication with estranged ex-partners, were explicitly requested. The desire to have such problems heard had motivated one father's involvement in the research project.

It is vital that service providers recognise the importance of assisting the father's family to help him develop or sustain his commitment to the mother and their child. Innovative strategies could explore ways to facilitate reconciliation with the child's mother and her family, as well as a greater inclusivity in service provision.

'The Father Figures Project'

Part of the 'The Father Figures Project' remit is to meet the needs of young fathers (amongst others). This agency could be supported to meet the gaps in support and information as expressed by fathers interviewed, adopt a lead role in developing innovative strategies for addressing the lack of awareness among key providers¹ (such as maternity clinics, GP surgeries, Sure Start Plus etc.) and training workers to be more effective in engaging with and supporting young men. But the project has limited resources (one full time worker, three part time workers, and a city wide remit) and such strategies could only materialise with additional funding, and an explicit, active and supportive partnership with key agencies and services. This might attend to the need for initiatives that prevent the exclusion of fathers in the future, and in turn enhance the potential for children to grow up with a positive and ongoing relationship with their fathers.

Further Needs

What's the most important thing services could offer you?

'More support'

'More understanding of fathers'

'Not to be afraid to ask for support'

'More information for fathers'

'Help with feeling more prepared'

'Information on birth and that'

'Help with getting more included in the run up to the birth'

'Knowing when the time [labour] comes'

'Not judging us'

'Don't look down on us'

'Knowing it's scary for us'

'Not to judge us for being young'

'Not expecting us to fail'

'Seeing us as a family'

'Groups for young mothers and fathers to attend'

'Help with seeing your kid more often'

'Don't leave us out'

¹ Advertising material has been distributed to all ante natal clinics, GP surgeries and Sure Start Plus initiatives but of the eleven young fathers that 'Father Figures' currently works with, only one has been referred by the above mentioned agencies.

Muslim Fathers

Though no Muslim father's were interviewed, Muslim mothers asserted that, where possible, their partners were included in maternity care and in most cases were present at the birth (if requested by the mother and/or present in the UK). These issues are elaborated below (see 'Views and Experiences of Mothers') but here it is suffice to say that Muslim fathers' experience (as disclosed by Muslim mothers) of services is more positive than that of African Caribbean and Mixed Heritage fathers, in both the degree and quality of inclusion.

Though more data are needed and no conclusions can be drawn, comparison suggests differences in professionals' perception and treatment of Muslim and African Caribbean/Mixed Heritage fathers.

Questions worthy of further consideration are:

- Do professionals perceive young Muslim parenthood as a norm and therefore as more acceptable?
- Does having children within marriage (as for Muslim young people) bestow a legitimacy that results in perceptions of, or the giving of, better care?
- Do African Caribbean/Mixed Heritage fathers have higher expectations of care that results in disappointment?
- Do stereotypes of Muslim and African Caribbean/Mixed Heritage fathers influence care and professional perceptions of potential for positive parenting?
- Is this state of affairs affected by unequal expectations of Muslim and African Caribbean/Mixed Heritage young people regarding their potential for further education, employment and achieving aspirations?
- Are racism, youthism, or both, significant?
- Does the report on Teenage Pregnancy (SEU, 1999) satisfactorily acknowledge the issues raised by young fathers? Or, the diversity of perceptions and experiences of fathers from different ethnic minority communities?

Views and Experiences of Mothers

Overall, Pakistani and Yemeni mothers report more positive experiences of services for pregnancy and parenthood than African Caribbean mothers. Mothers were asked for their overall impression of services and for insights on the specific services used in the maternity care pathway from confirmation of pregnancy to the post-maternity period. The ensuing theme first addresses the lack of support during pregnancy then maps the services mentioned.

• Need for More Support During Pregnancy

African Caribbean females complained that services and support were focused on the post-maternity period with little recognition of the anxieties, isolation, boredom and unwellness that accompanied their pregnancy:

'Cos they have it [services] for when you've got a baby, but not when you're pregnant' - Dana

'Most of the time when you're pregnant, you just take it easy. You've got nowt to do. And it makes you worry and that' Angela

They requested more support and guidance to deal with morning sickness, groups for pregnant young women, and subsidised recreational pursuits that ameliorated the tendency to lack of physical and social activity:

'More places for pregnant mums, cos like when you're pregnant you can't really do nowt' - Teresa

'You could get a ticket to go swimming and go to cinemas' - Dana

'Meet other mums would be good' - Rose

'Just trips. Day trips. Even if it's just countryside to have a picnic or something' - Angela

• General Practitioners (GPs)

Disclosures suggest 'care' from GPs is understood not holistically, but rather as a technical and necessarily unavoidable aspect of pre and post maternity surveillance. Clinical expertise and information-giving are seen as the preserve of GPs with a majority consulting their GP only for confirmation and registration of their pregnancy, and for postnatal medicals:

'... my doctor? Only like for confirmation and that' - Teresa

'Went to family planning [Central Health Clinic] then it was my doctor. To fill forms in and that' - Dana

'Got some information .. you know, that pregnancy pack, from him' - Safiyah

'No contact with him after that only when you have your medical, that's when you see him' - Dana

'No, didn't use my GP. You just go in, they tell you whether you're pregnant or not. And they do a test for you, give you a sample, you come back after a week, that's up to you really. And then they tell you, they register your name down, and after that you get a letter from hospital, and then you go and see them' - Parveen

Four Pakistani mothers had more frequent contact with the GP, two due to their babies being ill or having development problems, the others due to pregnancy related complications. Initially, all said they had no complaints regarding medical care but none were offered any emotional or practical support to deal with the stresses created:

'It was .. nearly 9 months [pregnant], and they said to me like I've got blood clots and they wouldn't do anything about it, and with two [other] kids on top of it. I didn't quite like that. Every time, I've got kids, and I've got that heavy bleeding as well. No, no, there was like no support, and I didn't quite like that. And I was going into hospital every 2 weeks for a check up. It were like I'd got a 50-50 chance of having the kid or not having the kid. Going in every week, every 2 week, calling me in, doing sample, blood test, urine sample, and letting me go back home, back to GP, and that's it. I needed more information, more help with, you know, there was a lot of stress' - Parveen

Others answered 'yes' when asked if they understood the GPs information/advice but several quali-

fied this by referring to the back up provided by community midwives:

I saw the GP but I talked to my midwife more. I were used to her' - Nelgen

A sense of GPs as time pressured was a recurrent theme across the cohort.

He [GP] didn't spend much time talking ... what to do and what not to do. I'd like them to have more time. It gives a good start to the pregnancy' - Samina

A Pakistani mother who continues to experience more frequent contact with the GP because her child has development problems criticised the GP's indifference to her anxiety and lack of rigour in examining her child. She recalled the GP saying she 'spoiled the child', that she felt 'he didn't check her properly' and that he appeared to want to get rid of her. Overall, this mother felt her GP did not take her seriously, that she was a 'nuisance' and that her requests for reassurance, guidance and support were not heard:

I want more doctors that can understand a first mother .. what it's like being a mother.... You need more time with them so that you can ask more questions from the doctor, as well as your doubts. [They] can give you information' - Farzana

While a majority relied on the support offered by community midwives (see below) Pakistani women's disclosures suggest a degree of trust and respect for medics that some clients' experiences do not suggest is reciprocated.

African Caribbean females do not accord GPs with this trust or respect. They were more reticent to use their GP than Pakistani teenagers:

I never went to my doctor, because I don't really like my doctor' - Angela

'Yeab, I did it just to confirm' - Dana

Explanations centre again on a perception of lack of adequate time, but also judgmental attitudes attributed to their young parenthood:

They [reference to GP] haven't got time really' - Teresa

'They can't be bothered' - Dana

'You know, when you come across most professional people, that are like, right, you know, they're better than us because they've got a big job, and we're just young with babies. We're just nothing. You can tell in the way, their manners, the way they come across to you. You can tell that's what they're thinking' - Angela

'I didn't wanna go [to the GP] but I had to cos I was pregnant ... because I'm 17, they look at me like I'm a little tramp off the street and just wanna breed up. I think it's disgusting how big people go on ... they should deal with me cos I'm a pregnant woman and not look at me just as a 17 year old' - Ebony

Yemeni mothers preferred not to visit the GP because he was male:

'GP, went to see him twice. I'm sticking with my midwife because she female, I'm more open in front of her'

- Sharda

The approach to care of other professionals was criticised on similar grounds (see below).

• **'Central Health Clinic'**

Only African Caribbean females disclosed having attended the 'Central Health Clinic' (aka 'Mulberry Street' or 'Youth Clinic'). Data on the service are lacking but it is significant that all references related to the 'Central Health Clinic' is an effective route for referring pregnant teenagers to the services of the Sure Start Plus Personal Advisor system (see below). Neither Yemeni or Pakistani females nor African Caribbean and Mixed Heritage males mentioned the clinic. Whether or how this relates to our observation (see below) that no fathers and no Muslim mothers disclosed knowledge or experience of the Personal Advisor service, warrants further scrutiny.

• **Sure Start Plus and the Personal Advisor for Pregnant Teenagers**

Those with experience of Sure Start Plus evaluated the initiatives positively. However, the services do not appear to be universally available to teenage parents. Only African Caribbean females explicitly referred to Sure Start Plus, and the specific services provided by the SSP Personal Advisor for Pregnant Teenagers had only been accessed by (some) African Caribbean females. No Pakistani or Yemeni mothers and no African Caribbean or mixed heritage fathers mentioned Sure Start Plus initiatives. The lack of knowledge about Sure Start Plus among Pakistani and Yemeni mothers is to some degree predictable given that some were over 18 years and therefore not targets of the service.

Clear and accurate knowledge of Sure Start Plus policy, range of services and practice is lacking. Even for those who were SSP service users, confusion was evident. For example, several mothers were unsure how they had accessed Sure Start Plus services:

'I don't know how I got involved in Sure Start, Sure Start Plus' - Angela

'Dunno how I came across em. I can't even remember but I know it was early stages of my pregnancy, but I suddenly found out I was in touch with Sure Start, and they helped me with loads of things, loads and loads. And I still work with them now' - Dana

This diminishes the potential for awareness raising, more proactive use of the service and word of mouth publicity.

Personal Advisor

The teenage pregnancy Personal Advisor system serves as a useful and credible source of support and information. Of the four African Caribbean females who had a personal advisor, there was variation in the extent of contact and range of services offered, but all appreciated the advisor's help, particularly her assistance in sorting out practical needs:

'At about three, four, months ... she [Personal Advisor] worked with me till she sorted out my crèche facilities, and like courses I could do after I was pregnant, and like during my pregnancy. And she helped me with my benefits and my housing as well' - Angela

'At first I saw her... what's she called?' - Dana

'Personal Advisor' - Angela

'But now don't see her but she told (sic) me about a course, which was good' - Dana

'She came to visit me once. I've been alright really, not needed anything' - Teresa

Access to the Personal Advisor system is not routine. The system and criteria for referral are not discernible from the data but appears to be restricted to (some) females only and dependent on the point at which pregnancy is confirmed. For instance, as mentioned earlier, most of those who attended the 'Central Health Clinic' had a personal advisor but one female whom had her pregnancy confirmed at the Genito-Urinary Medicine (GUM) Clinic and subsequent maternity care at the Jes-sop Wing said she had no knowledge of SSP and did not have a personal advisor.

'Like if you go to Mulberry Street they put you in touch with Sure Start, cos that's a teenage clinic but if you go to like GU Medicine. They don't' - Dana

'No-one's been in contact with me... I haven't been in to Mulberry Street. Hallamshire Hospital ... GU clinic ... that's where I went' - Julie

It is notable that at the first references to the Personal Advisor, the pressures on her time were pointed out:

'There's only one [personal advisor], her name is X. She got sent about a hundred and odd people, she's got to see them. She's only one that works. They need more personal advisors' - Angela

'Not seen her but I know there's a waiting list' - Mandy

Further data are required to understand the reasons why no Muslim mothers under 18 years and no fathers mentioned the Personal Advisor service in discussion of sources of support. Notwithstanding the possibility that Muslim teenagers had been offered the service but declined (since Muslim parents are more likely to look to family and friends for support) insights on their experience and/or perception of Sure Start Plus services are lacking.

While policy does not exclude fathers, more active targeting of fathers has only recently taken effect in the city (e.g. advertisements on buses) and responsibility for increasing fathers' awareness rests on a limited number of options, such as 'Father Figures', 'Listen to us' and the young men and boys development worker for teenage pregnancy. Though these workers/agencies are represented on the 'Sure Start Plus Partnership Board', none receive Sure Start Plus funding.

Given young mothers' positive evaluation of Sure Start Plus Initiatives, the possibilities for resourcing more work with young fathers should be considered.

• **Hospital Midwifery**

All African Caribbean mothers gave birth in the Jessop Wing of The Hallamshire Hospital, and Yemeni and Pakistani women had previous children at the Northern General and the most recent at the Jessop Wing. For all mothers, experiences of hospital midwifery are less positive than those of community midwifery.

Hospital Prenatal Scans

For all mothers, the first (and subsequent) scan was a significant event. All mothers retold their sense of incredulity and joy at seeing the baby for the first time. However, feeling judged, and lack of clear or inconsistent information was confusing and stressful:

'When I went for my scans, cos I'm young, I felt like a lot of people were looking down at me' - Corrine
I needed more information, lot of stress. And going to the scan, they used to scan me ... and ... I go outside and talk to doctors, they'd tell me something different than they told on the scan. I didn't quite understand like what was going on, because .. it could've been clearer' - Naheed

'I couldn't understand a lot of what they talked about. It's the language they use ... they never explained anything how you could understand it' - Kirsty

'Especially on that first occasion when you'd got questions to ask, and then you're made to feel that it's rude when you do ask questions. And like when I did ask a question I just felt as if I was like, well, what's she asking a question for? Do you know what I mean? At the end of the day they never really made it appealing to us, you know, to be there' - Avril

Most Yemeni and Pakistani fathers had attended scans and other prenatal check-ups¹ and mothers recalled the fathers generally being included in the process, although one said:

'... the doctors normally used to speak to me, rather than my husband. But if he smiled or laughed, they used to look at him, or laugh at him, just to give him a laugh ... they used to normally explain it to me, not my husband.' - Farzana

In contrast, procedures in hospital were said to exclude African Caribbean fathers:

I took my ex-boyfriend, the father of the baby, with us, well, they just asked for me to go in and not my boyfriend. ... I'd've liked him to be there cos that's when the questions need asking, that's when you need to speak to somebody ... they never said to take him in. And, I mean, she was asking me a lot of questions, but he'd've liked to have asked some questions as well' - Avril.

He [father] did come with me, but he didn't feel that it included him really. Because, when I was having my

¹ Some fathers were in Pakistan and Egypt during the pregnancy and birth.

scan done and that, I mean it were right nice and right good to see baby and that, he felt right tearful and that, and then afterwards, when she said right, here's your photo, this that and other, she never really seemed to know how we were feeling' - Rose

Giving Birth

Experiences of hospital birth at the Jessop Wing were varied but reflections were mainly negative for Pakistani, Yemeni and African Caribbean parents. Only one parent (Yemeni) out of the whole cohort said she preferred the Jessop Wing to the Northern General but reasons are not evident in the data. Others vociferously shared their recollections of the Jessop Wing:

'It was horrible in there [Jessop Wing], just wanted to get out' - Dana

When I were in hospital [Jessop Wing], I just, I hated it. I had to come out. I were supposed to stay in for a few more days but midwives and nurses were right mardy. When you ask em things, they're right nasty and make you feel right uncomfortable' - Angela

'They didn't treat me well in hospital ... there were two members of staff and they made me feel really bad, I didn't know what was happening ... and my husband had to go abroad and I really needed support from him ... and cos of how they were with me I discharged myself early because I was very upset. I'm thinking if I ever get pregnant again, staying in hospital has put me off, with what happened when I was staying there last time' - Dalgit

'You felt like they treated you like you was young and daft, like they just treated me like I was some young woman who was gonna claim benefits and social and that, and they weren't even gonna bring up their child properly. Just another statistic in life' - Kirsty

'I felt paranoid all the time, you know that they were talking about me behind my back' - Georgia

'They looked at me like I was stupid, and because I talked funny and cos I act in a different way. They were looking at me like I was dumb' - Ebony

'I didn't like the nurses at the hospital. Like, they were looking down on me ... they don't pay you much attention ... just walking past you as they're going down the ward ..' - Jasmine

Interviewees described stressful environments, lack of support and continuity of care, and disrespectful and disempowering communication. For example:

'I felt stupid, but I don't know whether it were because I were young, or because I were black. Didn't like it at all, I felt useless ... they should let you have more control, cos they always tell you to do this or do that, do the other. You're never really in control of your own child. I mean it's one of the best feelings in the world, I mean you're really, really happy ... but you need to feel in control' - Kirsty

'The first midwife, she were nice but she were right hyper. She were all right but then she had to go and this other one come in and she were right old and nasty, saying that I couldn't leave baby to go and wash myself, you know afterwards. You had to stay [on the bed] the entire time. That's how they talk to you, "no, you can't do this, you can't do that till I say"' - Alma

'And even when I was in labour, right, and I felt really uncomfortable, and I said, "can I get off the bed?" So, she got me off the bed, and then I wanted to go back on the bed, she were like, "tut, I can't do this all the time you know". I were in labour, you know. The woman's giving me an earful about she can't do this all the time, these time she's getting paid to do it' - Teresa

'I would like the nurses to be more supportive.... to help me. They said, "we're not obliged and we're not organised". I was, like, ignored. I was in bad pain and I couldn't get out of bed, they said, "no, we can't help you, we're not authorised, we can't lift you". I goes, "I'm not asking you to lift me". I just wanted them to be more supportive. I was nervous and I was scared' - Dalgit

Two Pakistani mothers recalled more positive experiences of giving birth to their first two children at the Northern General Hospital than that of a third delivery at the Jessop Wing. Unease related to inadequate support, 'busy' staff and lack of familiarity with the hospital surroundings and staff:

'They're all so busy' - Tahira

'I went twice to Northern General, the last one I had at Northern General, ... and then I was in Jessop

wing. It was OK but I prefer that one [Northern General]. I don't know why. I knew my way round and everything, there were more nurses. And this [Jessop] was new hospital and a big building, and I'm not familiar with it, new faces and everything. Just all new, all rooms. And they don't help you much really, if you need to move on your side, or need to get up, they don't give you a hand or anything. You've got to bring a person from home, your mum or someone. They just give you one nurse and that's it' - Parveen

'They have to move you every time but they don't. They don't, they [nurses] just wander off' - Tahira

'Bad' experiences of birth related to confusion, lack of information and not feeling in control:

'Especially when you're struggling and in pain. Them stitches what you've had, you don't know. I didn't know because I had injections, I weren't really with it. When they were telling me to push and that, I didn't know what I were doing. My legs were everywhere, they tied my legs up, you see, and that's how I had my girl. They put her on top of me, and I were like, oh, what, not yet!' - Parveen

'I had no injections, nothing. Keep it simple. I struggled' - Tahira

'I vomit up. And I can't take anything else. That's what I didn't know when I had her. I just like came into hospital about 3 and er..., she broke my waters, they broke my waters about 5 [am/pm], and I usually [previous births] walk around for a bit, usually one hour at least, and she went 'no, you're just having it, next 5 minutes'. I wonder what you're on about. My mum goes you're supposed to be having gas, you're in pain. I goes what? You're having it, I'm just like stuck in the middle. It were hard pains, but I don't like injections, I'm scared of injections, and gas I can't take, can't stand gas, so I just had pain. My mum's telling me take gas, take injections, you know, why are you getting pain, why are you doing this to yourself. And the nurse is telling me you're having it in the next 3-4 minutes. ... it was too hard' - Farzana

'[You need] more support, and like this new hospital that they've done up [Jessop Wing], put some more help and support, because they just leave you there and they're just coming back and checking on you every 5 minutes. You've got to bring a member of your family with you, or a friend with you to help you out, get you off the bed, make you walk around, make you go and sit in the bath, like you've got to have someone with you. And if you call them, they don't even come, you keep belling [shouting] them to come back. And that other hospital [Northern General] wasn't like that, you'd got other people with you' - Parveen

Others recalled lack of privacy and noise:

'Put in ward with everyone else, so you had to have curtains closed all the time' - Rehana

'Kids crying all night, couldn't sleep' - Sharda

And, unpalatable food, racist assumptions and inappropriate and insensitive staff attitudes

'Maternity ward was OK, after [I] had baby [nurses] were rude' - Rehana

'Nurses look at you like you're nothing' - Sharda

'Food was awful. They assume you want curry and rice all the time' - Rehana

'Painful when you've been cut ... told to come and eat in cafeteria' - Sharda

'[I was] hungry after the birth and wanted breakfast. They told me it finished half an hour ago so my husband brought a pizza in' - Naheed

'Call for nurses and they don't come. [You] want to relax, sleep. You're not allowed to go home to rest and have good food, where mum would help' - Rehana

The location of the Jessop Wing proved problematic for some Muslim and African Caribbean women. Some did not attend all (or any) of their scheduled check-ups or parentcraft classes because of difficulties with transport (no car), not being allowed to travel alone, or other pressures (e.g. trying to move house, childcare problems). Some said that the Northern General was more convenient,

'Like it's just easier to get to. Less sorting out to do' - Samina

It is notable that Muslim mothers were either 'not interested' in antenatal and parenting classes or had 'tried it once but didn't go again'. African Caribbean mothers suggested that antenatal care and parentcraft classes should take place in more familiar locations that recognised specific cultural experiences and commitments. This would also diminish expectations of feeling judged:

'There should be places like on the Wicker, like Sadacca and that. They could hold things down there .. like black people aren't gonna be treated different there' - Avril

Ethnic and cultural matching might also ameliorate the perception common among mothers and fathers (see 'Proving yourself, above) that professionals assume a pre-destiny to failure:

'You always need to prove doctors wrong, and to prove that I can do it. Instead of just looking at me as a 17 year old and thinking "oh yeah....no chance". I'm gonna show em' - Ebony

These insights are closely related to the observation of lack of cultural awareness, as discussed below (see 'Cultural recognition and individualised needs').

Breastfeeding is an issue that requires further understanding. We did not ask questions on this but two mothers raised the issue. They felt that, as young mothers, they were not supported to breast feed their baby:

'They treat you different .. I said I wanted to breast feed my baby as well, and they [midwives] were just looking as if to say, "what the hell's she going on about?", cos really they're thinking all mothers at like 30, 40 just breast feed their baby. Not teenagers. But I just wanted to bring my baby up on goodness, you know what I mean? Good food and that. And they're telling me about this powder, "oh, do you really want to breast feed? And not many young mothers specially breast feed". But, at end of the day you have a baby, don't you? You've got to take sacrifices like that, give a good start in life' - Kirsty

The lack of uptake of ante-natal and parenting classes is significant here. Parenting classes are currently only offered at the Jessop Wing. Age-appropriate and culturally specific guidance (in local and easily accessed settings) might encourage greater interest in such provision, enhance awareness of the options available and increase young parents' assertiveness to follow a birth and caring plan of their choosing.

Mothers' Reflections on Partner's Involvement

Pakistani and Yemeni mothers recall fathers being included in and 'enjoying' the birth process but detailed data are lacking.

African Caribbean individuals recalled incidents of fathers being marginalised by midwives and doctors at the Jessop Wing:

'They were being right horrible to my partner' - Teresa

'It'd've made it a lot easier if her father'd been there properly and doctor's' d've stopped being in control. ... I mean when she [midwife] had to go and see him, she never spent long talking to him, .. he was just left sitting there' - Kirsty

'They were horrible to mine. Felt like he were in t'way' - Dana.

'Can you give me an example?' - Interviewer

'Like, we put in a formal complaint, because like midwife were being just, oh, well every time you asked a question, they just answered really abrupt, really, really. They were being just really really horrible and you asked a question and they didn't want to answer, and they just really disincluded him. It were that bad, really bad, even after the labour bit, and while I was in the hospital, and you know where I was staying, they were just being so, so horrible towards him' - Teresa

'..in the hospital, he [baby's father] was right upset' - Dana

Family members were also treated with little respect:

'Cos, even when I was crying, when I had her, .. she [midwife] goes to me "Oh, these people can't come in". So then she made my mum and my younger sister stand outside. It were my own room and that, but she made my mum and my younger sister stand outside. And then my mum goes "Let me come in, I want to see how she is", and she goes "No, you've got to wait there till somebody leaves". I felt like that high [holds hand to

ground], *that's how you're made to feel*. '[Midwife said] "*she can't stay, somebody's got to go, you've got to tell someone to go*". *And like I'd just had [given birth to] her and I were just happy and that got me like miserable*' - Teresa

While these are individual and therefore not generalisable experiences, they are significant. It is notable that other interviewees did not offer any contrary evidence regarding their experience of hospital delivery. Midwives' attitudes were the most common complaint.

Other Issues

The Jessop Wing is the city's only maternity unit and the lack of choice to give birth elsewhere was lamented. Moreover, word of mouth publicity led to negative pre-conceptions that the hospital confinement would not be pleasant:

'... word gets round ... everyone I know that's been in there [Jessop Wing] says it's ... , they don't like it' - Dana

However, the maternity wing itself was regarded as pleasant:

'It's nice in there though, It's just them, their attitudes' - Dana

African Caribbean mothers reported that non-clinical hospital staff had been important sources of support and empathy. For example,

'... there were one woman, she were, her daughter'd had a baby when she were sixteen, and she were nice. She'd sit and talk to you and that' - Angela

'Was she a nurse?' - Interviewer

'No, just one of them women that works there. Like a cleaner and that' - Angela

Visiting times were criticised for inflexibility. Muslim mothers complained that existing times did not acknowledge religious commitments to prayer that meant some fathers could not visit within designated periods. African Caribbean mothers made similar complaints that visiting times did not acknowledge the working patterns (shift work particularly) of relatives, nor fathers who were not familiar with the regimens of hospital procedure. Overall the system was felt to operate to a *'double standard'* that discriminated against young fathers for there was a perception that *'older, more respectable types'* would be able to negotiate out of hours visiting. Much of the anger might have been alleviated had someone justified the rule,

'At least they could give an explanation for why they [father] can't come in' - Teresa

Views on Involving Fathers

In principle, all mothers welcomed the father's involvement in pre-maternity care. Disclosures highlight several reasons:

- Involvement raises a father's awareness of the physiology and clinical monitoring process
- Involvement can verify the pregnancy (*'makes it real'*) and challenge father's denial or lack of engagement with prospective parenthood
- Involvement facilitates empathy if fathers witness a professional's endorsement and explanation of the mother's feelings (e.g. *'moods'*, discomfort)
- Involvement facilitates father's bonding with the child
- Involvement enhances father's respect for the mother and his commitment to supporting her

The midwife's role in legitimising the mother's status and feelings was a common theme:

'I think it's really good [father's attendance]. They at least pick everything up. They have more respect for

you as a mother. And, when a midwife tells him [husband] that she's in pain, ... they know she's in pain ... [but] if they [father] are not with mother, then you go home and tell him, they might be thinking I don't know if she's telling the truth or not. Seeing their baby on the scans ... they get pleased, they pick up [information] more they have to try thinking they're going to be a parent as well' - Farzana

Experiences differ regarding the degree and experience of the father's involvement. Pakistani and Yemeni fathers attended appointments (if in the UK at the time) whereas not all the African Caribbean mothers attended with the father even if they were living with the father of the child. Pakistani and Yemeni mothers said that professionals did not exclude the fathers from process and discussion but also recall that professionals did not speak to the father directly. African Caribbean mothers' experiences reflect more explicit mechanisms of marginalisation:

'They just left him out. Didn't speak to him ... It weren't fair to him. He's really together in it [parenting]. So it was hard for him' - Teresa

'My baby's father always moans that he isn't included enough and he gets jealous when I go places and they talk to me and not him' - Ebony

'I go to my ante natal clinic appointments with my partner, my ex-boyfriend whatever, I took him with me ... and she were like, the midwife, were proper surprised that he'd actually turned up ... and I mean I was there with the father of my child who I wasn't really even with, and he came along to make sure that, just to be there ... and that. I mean, and it's just how the woman looked at me as if to say, oh God, we've never had a man here before' - Avril

Equally, some African Caribbean teenagers who were estranged from the father of their child were angry that he had not been encouraged to be involved in pre-birth care or given the opportunity to raise their awareness of the birth procedure:

'Made him feel a bit funny' - Dana

'But, they think they can just breeze up [after the birth]. I hate em. Should be made to know what it's like. The pain and that' - Angela

Others commented that consent to the father's involvement was contingent on their usefulness:

'It's all right [to involve fathers] as long as they're willing to help' Corrine

This provides a notable contrast with Muslim mothers who attached no conditions to the father's involvement and perhaps reflects an unsaid expectation of father's commitment to caring.

The point that fathers' perceptions of self can influence their self-exclusion is significant:

'It would be good to include fathers but not all fathers wanna. They think they're too bad and I don't think all of em ud wanna be included for that reason' - Jasmine

'I was a bit shy' - Colin

Fathers' peers were also cited as influential:

'He [father] didn't always go to appointments cos of his friends' - Leyla

The influence of self identity and peers on fathers' roles and responsibilities and its relationship to gendered constructs of parenting requires further exploration.

Females appreciated that fathers' naivety and lack of active involvement in maternity care made it more difficult for them to be empathic. This reinforced their perception of the need for fathers to be present at the birth. Moreover, irrespective of the state of relationship with the father or their prior involvement in pre-maternity care, all Pakistani and most African Caribbean mothers felt the father should be 'forced' to be present at the birth as a means to enhance their knowledge of 'what mothers go through, in pain and that'. This might also encourage fathers to be more supportive:

'They should know what women go through. You don't want them thinking it was easy. They've got to know

how it is [birth], how difficult it is, what we're going through, they've got to know that. And that's how they help you out. Otherwise they won't know, they think that's it, one click fingers, click fingers and that's it [laughs]. So then they think. They should know how it is, how difficult it is' - Nighat
'[if present at birth] they get to know ... what you go through' - Parveen

As mentioned above, the presence at the birth was also felt to influence the father's bonding with the child:

'If I've given birth and he's not there ... he won't have the same view ... of the baby. He won't be that close'
- Farzana

Yemeni mothers also felt fathers should be more involved in maternity provision and informed about the birth:

'They should see how painful it is' - Sharda
'As a married lady carrying a baby, I say to mothers to keep your husband up to date and take them for the scans, so they see their own baby. Take them in when labour, so they be close to you and the baby' - Safiyah

But it is important to note that not all Yemeni mothers wanted the father present at the birth. Information giving through videos and leaflets was suggested as an alternative means of awareness raising.

• **Community Midwifery**

A majority of mothers in the sample valued the service provided by community midwives. Disclosures suggest a genuine high regard for their midwife and a sense of personalised care and understanding. It is significant that in most cases, and without direct questioning, community midwives were referred to by their first name:

'[X] explained things to me. She gave me books, what sort of food to eat ... she explained it properly'
- Farzana

'A midwife is the very best service a lady will have. Tell you what to do, not to do, what food is good, what not good, gives more information and magazines to read so you don't get bored and don't think your pregnancy is boring' - Safiyah

'The midwife's really good, she tells you a lot of things. She's really good. Whatever you want to know, you just ring her, she tells you, she'll come down and do a house visit, really good, the midwife. But you know, being young, it is hard because you've just no experience. You don't really know. It's getting to know everything, like learning a new alphabet A to Z, like learning a new alphabet with kids, it's really hard' - Tahira

'Midwife gives me more choices. What can be used to kill pains. She understands every word ... she always has an example of her question ... I got a lot of support from my family and hubby but I prefer talking to my midwife about my pregnancy. She makes me feel better' - Samira

'My midwife was very helpful and very supportive. If I had any problems she helped me out with it, made me feel better. I were treated very good. Respect and confidential' - Dalgit

Some Pakistani and African Caribbean mothers rated their community midwife as the most 'important' and most supportive professional involved in their maternity care:

'My midwife was most important. One to one. Cos she'd come to your house' - Teresa

'The best service used is my midwife. I got so close to my midwife. I can talk openly and with confidence. I was glad there was someone out there who can listen to me' - Samina

'Beth were really good' - Justine

'I've got a good midwife, The doctor isn't right good. So she's dead important' - Jasmine

One Yemeni mother particularly appreciated the midwife chaperoning her to hospital visits and supporting her husband's inclusion:

'She's been to scans with me. She [midwife] says to the doctors in hospital, "Don't ignore her husband" when scanning me, "Talk to both of them", she says "There's your baby" ' - Sharda

Similarly, a Pakistani mother said she appreciated her midwife involving her husband in discussions and encouraging his role in procuring a healthy pregnancy and baby,

'She [midwife] said to him "Push your wife to eat fruit and drink plenty of water, milk, juice. If she is strong so is the baby" ' - Safiyah

Lack of continuity of care was an issue for some African Caribbean mothers:

'.. the fact was, when I saw my midwife, I never even saw the same midwife for every month. I mean, I had to go from when I were 2 months pregnant, and that were my first contact, cos I had to like, you know, arrange my scan and that. I saw a different midwife up to being, like having baby really. I saw a different one every month, .. So, like, everything contradicts each other, cos like one midwife'd be really good and useful and the next midwife would be right, not even tell you anything. I mean, I can remember once where I went and she explained everything to me, and said oh, we need to take this, we need to take that, and explained a right load, but then the next month I saw a midwife who never even said anything, never spoke to you, never looked at you. She, I don't know why it was but she treated me like I were right thick one month, as if like I wouldn't understand anything and she never talked to me or anything, she never sat there and spoke to me. Whereas the month before I was sat there talking to the midwife for nearly half an hour, just on things, not even about the baby, just things in general, like shopping, and that. That made you more relaxed' - Kirsty

While most African Caribbean mothers eventually developed good relationships with their midwife, for some it took time to overcome expectations of judgement and develop a mutual respect:

'I felt ashamed at first. I thought she might think, "Oh, my God, another one of em pregnant", but she were all right afterwards. It were all right after first time' - Jasmine

'It were like the midwife who came to see me when you went home. That were the one that thought I were starving my kid. Like I had one midwife called X, and this other midwife called Y. X was on holiday, so this other midwife that didn't know me [came], cos X knows that I was looking after my kid, and this other midwife [Y], she just jumped to conclusions straight away. Y, she's a right dope. She don't even speak [to me] properly. I wouldn't want her. She's all right with me now, though. She's really, really nice, and she talks even off duty' - Angela

Several parents recalled feeling pre-judged:

'Doctors and that not talking to you properly, er, ... just talking beebie jeebie stuff to you. I mean, just because I'm young and that, it don't mean I'm thick or sommat, they treat you different' - Avril

'She kept saying I were lazy because I wouldn't join up at doctor's' - Alma

'She [midwife] talked down to me, like I were a child. I was treated differently because of my age, because they thought I were a child, they thought I were naïve and stupid' - Rose

'... she [midwife] thought I were neglecting her [her baby]. I weren't in at the time she came, I don't know where I was, cos I was living at hostel, I must have been somewhere [else], I was in the office, and she came, and cos I weren't in, she hadn't even met me, she said I were neglecting my baby. Cos she knew I were 15, and she thought, because my baby'd lost a bit of weight, because she was only 4 week, they go down in weight, she said I was starving her and I weren't feeding her. But that was the first day she met me, but as she got to know me more, she knew that I looked after my daughter, and her first impression was that I neglected my baby and that I was starving her' - Angela

All emphatically affirmed that their youth predicated a need to prove themselves as worthy mothers:

'If I was an adult now, she [midwife] would've probably thought that I was looking after the baby' - Angela

'It's true they don't treat you same as if you were older' - Teresa

'She treated me like a kid having a kid' - Mandy

While the notion that young mothers feel pressures to 'prove' themselves requires further enquiry it is already clear that such tensions are avoided or diminished where time is afforded for relationship

building between client and professional. Community, rather than hospital settings of course, more easily facilitate this.

Community Midwives' Role in Encouraging Fathers' Involvement

As disclosures above highlight, several Pakistani mothers commented that the midwife occupied a significant role in encouraging the father to be more understanding and actively involved in the care of mother and child. This was felt important not only to the mother feeling supported by the father but also to facilitating the father's closeness to the child and recognition of the parenting role. The following disclosure is representative of others:

'When she [midwife] gets him [father] involved .. good for both mother and baby. Makes him closer to the baby. He's more understanding. Gives you more support. He takes extra time to support the mother and gets used to parenthood' - Samina

• **Cultural Recognition and Individualised Needs**

Some experiences suggest that maternity care does not acknowledge individual nor cultural differences and needs, rather it is ethnocentric.

Yemeni women felt there existed a particular ignorance in hospital settings regarding Yemeni culture and appropriate practices. Three examples illustrate this. First, there was no acknowledgement that taking one's clothes off in front of a stranger, felt uncomfortable:

'At the scan, I didn't feel comfortable exposing myself to doctors, whether male or female' - Soraya

Second, Yemeni women argued that the routine practice of assuming the father should be present was not appropriate for them. Some individuals did not want fathers present at the birth. Third, Pakistani and Yemeni women did not welcome the child being placed on them immediately after birth:

'You know when I had my girl, you know when they put her on top of me, I just wanted them to take it away' - Rehana

'When they put it on your chest .. take it away and clean it before you bring it to me' - Tahira
'... automatically assume you want the baby with blood and gunge' - Sharda

Similarly, some African Caribbean mothers suggested that judgements were made because of a lack of recognition of difference:

'They looked at me like I was stupid, and because I talked funny and cos I act in a different way. They were looking at me like I was dumb' - Ebony

Advice on caring for and feeding their child was accused of ethnocentricity that did not reflect their experience or preferences:

'I don't think the doctors understood simple things like .. in hospital, she was constant the midwife, ... saying about Johnson's stuff [put the cream] on here, and I don't really want to put stuff like that on my baby and that, and it's just simple things that they don't see, I mean, food and everything. I brought my child on completely different food to just normal peas and carrots and broccoli, like they tell you' - Kirsty

• **Health Visitors**

All interviewees said they 'liked' their Health Visitor but none suggested any sense of the Health Visitor as significant to their care. None referred to the Health Visitor by name. References (albeit brief) to Health Visitors echo perceptions similar to those of GPs inasmuch as the Health Visitor's role is seen as purely clinical.

'Health Visitor's okay' - Soraya

*'They [Health Visitor] haven't got any concerns about [daughter]'s care, only like her injections' Teresa
'Saw her day before yesterday. She come to give me that cream, tell me where she [daughter] had to go for in-
jections' - Angela*

It is notable that Yemeni mothers felt unsupported in the post-maternity care period after the midwife's visits ceased. Several mothers suggested there should be greater recognition of mothers' needs after the birth of the child:

'They should think about the mother more after she's had the baby' - Samina

African Caribbean mothers' reflections on feeling lonely once they left hospital echo this view (see 'Family and social support' above).

None of the mothers felt that Health Visitors should fulfil this role.

Further Needs

What's the most important thing that these services could offer you?

*'Supporting you'
'To be listened to'
'Nice'
'Be more caring'
'Having time'
'Some support. I aint seen nobody'
'Having support from my midwife, and my family, and my baby father'
'Not being so rushed' (in hospital and GPs)
'Not judgemental'
'Not expecting us to fail'
'Easy to talk to, so you're not scared of saying something wrong'
'Not judging us on how we speak or look'
'Explain why they do things'
'Understanding Yemeni culture, tradition, modern Yemeni way'
'Not assuming they know what we want'
'Good education in preparation. Knowing what to expect'
'Understand cost of keeping in touch with grandparents'
'A video of what will happen at birth. Need more reality'
'Realise fears we've got about it all'
'More care for mother after child. Everything is on being pregnant'
'More support while you're pregnant'
'Explain more, blood tests and that'
'You have to wait too long for appointments'
'More support when you're pregnant'
'Help with your cleaning, with your older children'
'To realise how hard it is living with in-laws or your parents'
'We need more space. Our own home, your own space'
'Don't make us live with threat of being evicted'*

- **Crèche Facilities and Respite Care**

Pakistani and Yemeni mothers welcomed the crèche and respite care provided in their neighbourhoods but felt such support could be more extensive to ease the stress of caring and domestic chores:

'You need some time to yourself, some time on your own' - Nighat

'You don't get that' - Tahira

'I think there should be more play groups' - Parveen

'More play groups, there's nothing in Tinsley' - Nighat

'There is now, there's Breathing Spaces, and I think that must help' - Tahira

'That helps a lot, yeah. At least I get my housework done on time and everything. You know like, for 2 hours. Now 2 days. Catch up on all your work and everything. And my husband goes to me, "Oh, you're always out, wait till you have another kid", and I says "Oh, let me have some time to myself". I'm out and about. I do my work at night you see. You know, if I'm cooking. I don't like doing it in morning. My mum even says to me, "Oh you should be cooking in a morning, you shouldn't be cooking at night" ' - Parveen

'I send [sons] to crèche and do all my cooking, everything then. Ironing I do at night. All my day to myself and my kid, and that's all. Cooking and that done early morning' - Tahira

The absence of siblings or playmates enhanced pressures on some mothers with the result that they relied on grandmothers to alleviate the pressure of providing stimulation for their child. Lack of safe play areas for children in the home locale also enhanced the need for playgroups:

'I take em to my mum's, they all play together, so they've got other kids to play with. At home they've got no friends, and it's bordering the main road. They can get out into the middle of the main road, and cars are coming, you run after them, screaming behind them. Middle of the main road, and the traffic lights, and they just walk out, they don't even look what they're doing. Fence ... come down, my neighbours. We put a new one up. Kids just leave the gate open, just walk out onto the main road' - Parveen

No African Caribbean mothers mentioned using crèche facilities for their child, apart from those provided at a local college.

- **Schools**

We are aware of 7¹ out of 16 African Caribbean females who became pregnant under 16 years. All left school before completing GCSEs in year 11. For one this coincided with a custodial sentence. In all cases, no support was offered by the respective schools or re-integration officers to help them remain at school during the pregnancy or recommence their studies after the birth of the baby. No alternative arrangements for sitting examinations or completing assessed course work were suggested. Only two mothers (aged 15 and 19) were currently engaged in further study (see below). Pakistani and Yemeni mothers did not mention their experience of schooling but all became pregnant after 16 years of age.

- **Further Education and the Connexions Service**

Data are lacking on opportunities for and experiences of further education, skills training and employment because so few interviews referred to this issue. Two African Caribbean mothers had accessed courses via the *Connexions* service that were rated as 'good'.

'Well, I were at college. I've done a personal development course. I've finished that. I'm doing a team mentoring course that I'm doing right now. And with me not being at school, I did a media course, so that were like 3 courses that I'm doing. ... I find that the courses that I do are like for people with babies, so it's easier. It's only like one or 2 days a week, and they've got crèche facilities and things like that' - Angela

¹ There may be more as some interviewees did not disclose their age.

However, both felt pressurised by the commitment and inflexible attendance requirements. Avril said she had not attended some antenatal appointments because her attendance at college was non-negotiable and she wanted to complete her studies before having her baby. Angela cited the pressures of new mothering and lack of family support:

'But I don't know whether I want to go back to college to do my GCSEs. Even though I've been advised to do so, I haven't got the time, really and truly. It's one day, and ... it's not that flexible this [GCSE] course that I'm supposed to be doing, it's not that flexible. Even though I've got good crèche facilities, it's flexi, but it's just the time, and getting her [daughter] ready, and everyday, it'd just be too much' - Angela

'Well, it's early days yet. Take your time' - Interviewer.

'That's true. But I still don't want to do the Connexions, I just want to do other courses. I just don't want to go to college I need more flexible hours and just more support' - Angela

In addition to the need for greater flexibility of attendance, Angela requested individual support to help her maintain studies and catch up on missed work:

'[If] I could come in at 10 or half 10, and maybe finish a bit earlier; just go a couple of days a week, and have, just more support, even a one-to-one supporter for if you miss something, just to catch up' - Angela

The opportunities for distance learning were viewed as a good idea in principle:

'Yeah, then you're at home, you can still learn at the same time' - Teresa

But, payment of fees and the requirement for home-based IT proved problematic:

'I tried to do something like that at ICS, but it were right expensive, about £395 just to do some GCSE course' - Angela

If money was not an obstacle, home based learning was preferential:

'Yeah. If I could do my GCSEs, that's what I'd do. If I'm going to do it, I'd do it from home' - Angela

Pakistani and Yemeni women did not refer to post 16 education or employment. The observations of professionals (e.g. those employed at TPCC) suggest this is unsurprising since it is common practice for Muslim mothers in their locality to have children in their teens and early twenties and dedicate themselves to child rearing before considering employment once the children are older. However, it is important not to regard these Muslim women's experiences as typical for we are also aware of young Muslim females who chose not to marry or have children as teenagers, and who chose to combine education and/or employment with early parenting. The diversity of parenting and employment patterns evidenced in this study are not acknowledged in debate or policy in the report on Teenage Pregnancy (SEU 1999).

The next section documents other issues that affected young people's experiences.

- **Reconciling Motherhood, Returning to Study and Benefit Dependency**

Some African Caribbean mothers argued that their parenting experiences and choices were limited further by their dependence on state benefits that left little money for educational or other pursuits. The economic and practical implications for under 16 year olds were particularly problematic:

'Another thing is like benefits, because like I'm 15 and I'm not entitled to em, no milk tokens, no income support, or nothing, I'm not entitled to nothing. Because I'm 15, not 16 yet. So that's what I mean, and at first, I would have had £42 a week, I would have had to pay £7.50 rent, buy milk and nappies, and buy shopping for myself, and I think they should sort something out for people that are under 16 that can't afford to live.

[When] I had a baby, you can't just get benefits until you're 16 years of age. And there's no way round that. Social Services have to give me the equivalent, even though they're ripping me off £26. I'm supposed to be getting £86 sommat, and they only give me fifty six [pounds] or sommat like that.

And I still don't get milk tokens either. So I've got to buy milk because I'm not sixteen, I don't get nothing automatically'. - Angela.

In addition to financial hardship, stress was created for Angela by bureaucratic procedures that meant her father, from whom she was estranged, had to claim her maternity allowance:

'My dad had to claim that because I weren't 16, my dad had to sign for it. It is pathetic. I had to go through so much ... I didn't live with none of my parents ... I were living in a hostel,they [the hostel] kicked me out too, just after I had her' - Angela

There is a clear need for agencies to work together more effectively to ensure that early parenting is not burdened by inappropriate, complex and time consuming policy and procedures.

• **Housing**

Detailed data on the problems posed by housing are lacking. But the issue is certainly significant for Muslim and African Caribbean young people, as evidenced in responses to the question of 'further needs':

'To realise how hard it is living with in-laws or your parents'

'We need more space. Our own home, your own space'

'Don't make us live with threat of being evicted'

Muslim young parents also expressed concerns about living in areas close to traffic or with unsafe play areas.

Muslim parents who were resident with parents/in-laws may not have made more specific references to issues associated with housing for fear of appearing ungrateful, and African Caribbean young women who were living with parents felt privileged to have the support and company of family that some of their contemporaries were denied. Nevertheless, there is significance for housing and social services in young people's complaint of a lack of space *'to be yourself'*. While living with the extended family is welcomed for the childcare it provides, it can also bring surveillance that can threaten autonomy, communication (even contact¹) and intimacy between partners and children and desires to feel in control of roles and responsibilities as parents. As Quinton *et al.* (2002) found in their study of young fathers, living with the extended family can have negative as well as positive effects on young parents' commitment and their parenting skills if advice and support is interfering, prescriptive or non-negotiable.

That marginalised young parents are not making formal complaints about housing or making requests for alternative accommodation should not suggest that current arrangements best meet their needs. Housing and social services are recommended to develop a more sophisticated appreciation of the relationship between effective parenting and housing and explore the resource implications.

• **Other Stresses on Parenting**

Data above have shown that the pressures of teenage parenting are enhanced by several issues, some of which are not uncommon to parents of all ages. For instance, financial constraints/dependency on benefits, unsafe playing areas, and lack of support or childfree time for domestic chores.

But, to reiterate points made above, some factors are more specific to teen parents, such as living with parents/in-laws/other family members; living alone, isolation; bureaucracy in securing

¹ Some young fathers felt their relationship with the mother of the child and/or access to the child was hindered by her parents.

entitlements for under-16s; opinions of the local community and feeling judged; sense of having to prove oneself as a mother or father; and juggling parenting with further education.

Attention now turns to some additional factors that were cited as having specific impact on teenagers' experiences.

Loss of Teenage Freedom/Time for Self

There was a clear sense among some individual African Caribbean women that they mourned the freedom and frivolity of youth sacrificed on becoming a parent:

'My mum saves me. She knows how I feel. My mum takes over. I live with my mum, so I go out ... not all the time but sometimes' - Dana

'I just think why did I have a kid so young. I just want my life back [...] it depresses you [...] I'm 16 next week, and I can't do nothing. He [baby's father] can go out, up and down, do what he wants, live his life, work and whatever. I can't. I get no help, nothing, not even from his family' - Angela

Two young women were the exception in claiming:

'I was over the moon .. deep down, I've always wanted a baby' - Ebony

'I was sure straight away [that I wanted it] cos it's every girl's dream to have a baby that young' - Rose

But, with her second child imminent, she was depressed by the sacrifices made for motherhood:

'I'm not as sure. It's hard. You can't do out you should be able to at 17. Makes me fed up. It's just hard'
- Rose

Others spoke of missing pre-parenthood friendships and the opportunity to socialise without their child. But, as data above demonstrate (see 'Everyone knows your business' – impact of local community) even when childcare was available, the judgmental attitudes of those in the local community did not support 'time-out' of mothering for socialising with friends.

There is a clear need for broader and deeper understanding of the everyday experiences of young parents' lives. If policies for supporting parents and encouraging them back into education, training and employment are to be realised, a nuanced understanding of what helps and hinders the process of being a teen parent, and some sense of imagined futures (life, career and parenting ambitions) is necessary.

Impact of Youth, Ethnicity and Gender on Perceptions and Professionals' Approach to Care

Muslim and non-Muslim interviewees have distinctly different perceptions of the impact of youth and ethnicity on their experience of care. No Pakistani mothers felt that their ethnicity effected care received. Most said their status as young mothers had no significant impact on the quality of care, but neither did they recall any specific recognition of their youth:

'We're treated like everybody else' - Zarida

Notwithstanding the possibility that age was less significant because the majority of Pakistani interviewees were over 18 years, two Pakistani mothers suggested that their status as young mothers motivated greater care:

'[They] took a lot of care and gave a lot of support, maybe because they wanted to be more friendly to young mothers' - Samira

'[Because you're young] ... they care about you' - Farzana

Yemeni mothers did not feel their age was significant but pointed out a lack of cultural awareness (see above, 'Cultural recognition and individualised needs').

These disclosures contrast markedly with those of African Caribbean teenage mothers who felt that their teenage status and ethnicity negatively influenced the attitudes of some staff and care received. Most perceived age as more significant than ethnicity, though opinions varied. In addition, any conclusions drawn should not ignore African Caribbean and mixed heritage teen parents' perceptions that their status as unmarried and/or sole parents mediates prejudice and judgements (see above 'Perceptions of teen pregnancy and parenting') since this is another significant variable that distinguishes them from their Muslim counterparts.

Previous disclosures from fathers (see 'Views and experiences of fathers') reflect the views of African Caribbean and Mixed Heritage mothers that youth and identity as a Black person effects perceptions and care. Gender adds another stigmatising dimension, with some sensing that fathers are perceived and treated even more negatively than young mothers.

Custodial Sentences

One mother had a custodial sentence during the pregnancy, one mother's partner was in prison during the pregnancy and one father was in prison when his child was born. The system did not acknowledge their feelings nor needs. In the case of the young father, the prison did not facilitate contact with his child or her mother. As a result he laments the loss of opportunity to support his partner through the period of antenatal care, and not being part of the first three months of his baby's life. It was suggested that parenting classes could help fathers in prison to *'face up to their responsibilities'* as well as prepare them more adequately for their *'job as dads'*. The mother whose partner was in prison raised similar issues in that her visits to prison were very stressful because the environment was *'frightening'* and they could not talk privately:

'He sended letters and that but it's not the same... He were right upset ... nobody really wants to back you up ... I mean he's [father] got really dedicated to my little boy' - Kirsty.

REFERENCES

- Blake, S. (2002) 'Endnote: from research to practice', *Sex Education*, vol. 2, No. 3: 279-282.
- Edwards, T. (1997) 'Sexuality in J Roche and S Tucker (Eds.) *Youth in Society*. London: Sage.
- Phoenix, A. (1991) *Single Mothers?* Cambridge: Polity Press
- Quinton, D., Pollock, S. and Anderson, P. (2002) *The Transition to Fatherhood by Young Men: Influences on Commitment*. Bristol: University of Bristol.
- Social Exclusion Unit (SEU) (1999) *Teenage Pregnancy*. London: Cabinet Office Social Exclusion Unit.
- Tabberer, S., Hall, C., Pendergast, S. and Webster A (2000) *Teenage Pregnancy and Choice: Abortion or Motherhood: Influences on the Decision*. York: YPS for Joseph Rowntree Foundation.

APPENDIX 1 - PARTICIPANTS' DETAILS

| Interviewer | Interviewee | Sex, ethnicity, age | Current status |
|----------------------|-------------|-------------------------------|--|
| Dom | Pascal | Male, African Caribbean, 21 | Became father at 18 years, daughter aged 3, some contact with child |
| Dom | David | Male, African Caribbean, 17 | Father of baby 18 months, lives with mother (17 years) of child |
| Dom | Robbie | Male, African Caribbean, 17 | Father of baby 6 months old, not living with mother |
| Dom | Leeroy | Male, African Caribbean, 18 | Father of baby 6 months old, in relationship with mother |
| Focus Group (launch) | Tim | Male, Mixed Heritage | 1 child, lives with mother |
| Focus Group | Tony | Male, African Caribbean | 1 child, lives with mother |
| Focus Group | Dom | Male, Mixed Heritage | 1 child, estranged from mother |
| Dom | Adam | Male, African Caribbean, 25 | Became father at 18 years, children aged 7 & 3 years, relationship with mother and child unclear |
| Dana | Colin | Male, African Caribbean, 17 | 1 child, relationship with mother and child unclear |
| Teresa | Paul | Male, African Caribbean | Father; relationship with mother and child unclear |
| Dana | Jake | Male, African Caribbean, 17 | Twins under 1 year, living with mother and children |
| Dom | Steven | Male, African Caribbean, 21 | Became father at 18 years, daughter aged 3, in relationship with mother |
| Julie | Justin | Male, African Caribbean, 20 | Father of one child, relationship with mother and child unclear |
| Focus Group | Angela | Female, African Caribbean, 15 | Daughter aged 2 months, no relationship with father |
| Focus Group | Teresa | Female, African Caribbean, 16 | Daughter aged 4 months, lives with father |
| Focus Group | Julie | Female, African Caribbean, 17 | 5 months pregnant, no relationship with father |
| Focus Group | Dana | Female, African Caribbean, 16 | Pregnant, relationship with father unclear |
| Dom | Avril | Female, African Caribbean, 20 | Daughter aged 2 years, baby at 18, relationship with father implied |
| Dom | Kirsty | Female, African Caribbean, 18 | Daughter under 1 year, relationship with father |
| Dana | Mandy | Female, African Caribbean, 15 | 8 months pregnant, no relationship with father |
| Dana | Alma | Female, African Caribbean, 16 | 1 child + currently pregnant, infers not living with father |

Participants' Details (continued)

| Interviewer | Interviewee | Sex, ethnicity, age | Current status |
|-------------|-------------|-------------------------------|--|
| Dana | Rose | Female, African Caribbean, 17 | 1 child + currently pregnant; relationship with father unclear |
| Dana | Georgia | Female, African Caribbean | Daughter aged 2 years, infers no contact with father |
| Teresa | Jasmine | Female, African Caribbean | 1 child, infers no relationship with father |
| Julie | Mo | Female, African Caribbean, 18 | 1 child, unclear if in contact with father |
| Julie | Lorraine | Female, African Caribbean, 16 | 1 child, some contact with father |
| Julie | Leyla | Female, African Caribbean, 16 | 1 child; some contact with father |
| Julie | Corrine | Female, African Caribbean | 1 son, unclear if in contact with father |
| Teresa | Ebony | Female, African Caribbean, 17 | 1 child, relationship with father |
| Focus Group | Nighat | Female, Pakistani | 3 sons, lives with father |
| Focus Group | Parveen | Female, Pakistani | 1 daughter, lives with father |
| Focus Group | Tahira | Female, Pakistani | 2 sons, lives with father |
| Farzana | Safiyah | Female, Pakistani, 19 | Pregnant lives with father |
| Farzana | Naheed | Female, Pakistani, 21 | Son aged 3 years, lives with father |
| Farzana | Samira | Female, Pakistani, 21 | Daughter aged 2, lives with father |
| Barbara | Farzana | Female, Pakistani, 21 | Daughter nearly 2, lives with father |
| Farzana | Samina | Female, Pakistani, 20 | 1 miscarriage, 7 months pregnant, lives with father |
| Nighat | Dalgit | Female Pakistani | 1 child, lives with father |
| Farzana | Nelgen | Female Pakistani, 21 | Daughter 9 months old, lives with father |
| Focus Group | Sharda | Female Yemeni | 2 children, lives with father |
| Focus Group | Soraya | Female, Yemeni | 2 children, 1 miscarriage, lives with father |

APPENDIX 2

Copy of Information Sheet Sent to Stakeholders and Potential Participants

Sure Start Plus Research - the needs of African-Caribbean and Muslim teenage parents in Sheffield

Sure Start Plus is a citywide service set up to provide support for pregnant teenagers and teenage parents under the age of 18. It has commissioned TPCC/Father Figures/Listen to Us to find out what services teenage parents from African, Caribbean and Muslim communities currently use, what barriers (if any) they experience in accessing services, and how to develop services that are more appropriate to their needs. The research will be used to:

- Determine the impact that the Sure Start Plus programme has had and is having on the lives of pregnant teenagers and teenage parents from African Caribbean and Muslim communities in Sheffield
- Find out if those young people are accessing services across the network of partner organisations (Housing, Midwifery, Sexual Health, Connexions, Schools, etc.)
- Share the learning with other Sure Start Plus pilots.

We want to recruit interviewers from these above communities who either are, or have been, teenage parents themselves. We envisage using a variety of methods to obtain the views and experiences of teenage parents from these communities, including focus groups, in-depth interviews, photo diaries, etc. Interviewers would receive training and on-going support during the fieldwork, and would gain valuable transferable skills when seeking employment. Participants will be invited to take part in all stages of the research, but particularly in developing the topics to be covered in interviews, the questions and how to ask them, and an event in November to present the findings.

All information collected would be strictly confidential. No individuals would be identified in any way in the reports. We would seek the informed consent of interviewees, and they would be free to withdraw from an interview at any time, should they so wish. Interviews and focus groups would be held in a setting convenient to the interviewees, where they felt comfortable. Child care and interpreters would be provided where appropriate.

We are seeking your help in identifying potential participants, i.e. young people who either are or have been teenage parents from African-Caribbean and Muslim communities to:

- Take part in focus groups
- Train and work as interviewers
- Be interviewed
- Participate in other events (photo diaries, staging the final event, etc.)

Please contact Sally Pearce as soon as possible at TPCC, tel. (0114) 244 8885 (Bawtry Road, Tinsley, Sheffield, S9) email tpcc@tinsleyroundabout.fsnet.co.uk if you can help.

APPENDIX 3

Copy of Invitation to Launch

U R Invited To The Launch Of...

MACTIPP
The letters are stylized: 'M' is a simple outline, 'A' has a vertical line through it, 'C' has gear teeth, 'T' has a vertical line through it, 'I' has a vertical line through it, 'P' has a swirl, and 'P' has a swirl.

*'Voices Of Experience': Muslim And African Caribbean
Teenagers' Insights On Pregnancy And Parenting

29th July @ The Crucible
12:30pm - 3:30pm

Come & See Your Photos
Have Some Lunch
Meet Other Parents

And Have Your Opinions Heard

It's All Free, So Come and Enjoy It!
(Creche Facilities/Alternative Childcare
Arrangements Available)

U Will B Paid £15 For Taking Part!

C U There!

For More Info, call Ben on (0114) 249 5981 or text (07977) 449 901

APPENDIX 4

MACTIPP Launch

Crucible Theatre, Monday 29 July 2002, 12.30 – 3.30pm.

Format: Lunch, networking/introductions, small group discussions

On arrival participants had lunch and looked at the photo diary exhibition mounted in the main foyer of the venue. Team members circulated among participants, introduced themselves (if first contact) and chatted about the exhibition. This was followed by a brief overview of the project with introductions to team members, project rationale, funding, aims, proposed methods of data collection, and dissemination process. Following questions and answers, participants' consent to stay on and participate in discussion groups was re-requested (having first been asked at the invitation stage). All consented.

The make-up of groups was negotiated by seeking individual preferences regarding sex, ethnicity, and prior familiarity (known person prior to event). The resultant four groups reflected friendship groups as well as splitting the group into single sex and common heritage:

- Fathers: 1 x African Caribbean, 2 x Mixed Heritage,
- Yemeni mothers and/or pregnant x 2
- Pakistani mothers and/or pregnant x 3
- African Caribbean mothers and/or pregnant x 4

The mode of recording discussions was negotiated; written notes were taken in the Yemeni group, and discussions in the Pakistani, African Caribbean and Mixed Heritage groups were tape-recorded. An interpreter was available but all participants opted to speak in English.

At the end of small group discussions participants were asked to consider involvement in subsequent stages of the project i.e. data collection (conducting interviews and/or being interviewed), and/or involvement in the dissemination event/s (e.g. conference). All signed up by completing a written form stating name and preferred method of follow up contact.

In retrospect, it was unwise to stage the launch event during the school holidays as this had the potential (albeit unrealised) to create childcare difficulties for participants with school age children.

Participants' Feedback and Value Added Outcomes

In general, participants evaluated the launch positively. The social, conversational and informational aspects were unexpected outcomes.

Written feedback included the following comments on reasons for rating the event as 'enjoyable':

'I thought it was useful and got more information on how to be a father'

'... it was nice to talk and see people who were prepared to listen to me. And also see/find out how the research was to be processed'

'Because there was lots of people to talk to'

'Because my mates were here'

'Because many people I know came here'

'I enjoyed the day because you get to know other people and you could tell how you feel about your needs'

*'Because we got to know information about [other] young mums that are Muslim and African Caribbean'
'We had interesting conversations'
'It was useful because they was some one to take to'
'... we got information from each other wish was good'*

Less positively and worth noting:

*'Kinda boring at first, got interesting after'
'Took too long to start, food was a bit posh'*

The crèche, venue, arrangements for the day, and project workers received favourable comments:

*'... they [project workers] were all uninhibiting'
'They was all easy to talk to ... friendly'
'Very friendly'
'The staff were really friendly, good at listening at what you say'
'The arrangement were really good'
'Good food, and crèche for kids'*

All participants affirmed desires to be involved in subsequent aspects. Comments included

*'Definitely. I feel I have a lot to offer the project and the project can help me'
'Yes, to meet new people and find out more'
'Yes, I really enjoyed it.'*

APPENDIX 5

Copy of Guidance and Cues for Peer Interviewers

Guidance given to all interviewers

- Make sure interviewees understand why they are being interviewed (give information sheet).
- Check first of all that it is OK to tape record the interview - if not you will need to take notes!
- Assure interviewee that they will not be identified in any way; we only ask for their name so we can make sure they are paid.
- Re-assure them that its OK to not answer questions if they feel it's too intrusive or not appropriate. If they get really upset, it's OK to end the interview straight away.
- Make sure tape recorder is set up (new batteries, tape at beginning, microphone, etc.) switch on and ask for name, age, age when had first baby if it was some time ago, and ethnic group.
- Do not feel you have to stick to our suggestions if the interviewee wants to raise other issues.
- Switch off, rewind, and play, just to check the tape recorder is working.
- Continue recording the rest of the interview.

Cues to Guide Interviews with Young Women who are Pregnant or Mothers

Theme 1. Perceptions of young parents

- How do you think young parents are seen/viewed in this country?
- How did you feel when you first realised you were going to become a mother, how did you feel about it?
- Who did you tell? What did you do?
- Did you tell the father? If yes, when did you tell him?

Theme 2. Services

- What services did you use during pregnancy?
- e.g. GP - hospital - pre-natal - birth - post-natal?
- What was your first contact with official services?
- How many weeks pregnant were you on first contact?
- What was it like? first contact ... draw out how did you feel?' Did you understand what they were talking about? Did they explain things so you could understand them? How did you feel you were treated?
- Did the father of the child go with you? If not, what stopped him?
- What do u think about including fathers in services at this early stage?
- Did you feel you were treated any differently because of your age? ethnicity? gender?

Services after first contact

- What other services have u used?
- What's your opinion of them? (good bits and poor bits - can you give us examples?)

- Could your experience of pregnancy and parenthood have been different? made better? ... draw out support (family, friends, midwife, health visitor, GP, other professionals interpreters, support groups during/after pregnancy - just teens/ all ages?); help and advice, access (getting there etc.)

Theme 3: Being a parent

- How did you feel when you first saw your child .. ?
- What's the most important thing for you in being a mother?

Optional (may be too sensitive) or if time allows

- When were you sure you were going through with the pregnancy?
- Did you, or the baby, experience any particular problems?... Did you need any specialist additional services?

Ask them to complete the interview evaluation sheet, and return this with the tape and tape recorder.

Cues to Guide Interviews with Young Fathers

Theme 1. Perceptions of young parents

- How do you think young parents are seen/viewed in this country?
- How did you feel when you first realised you were going to become a father?
- Who did you tell? What did you do?

Theme 2. Experience of Services

1. Were you included in using services during the pregnancy? (e.g. GP, midwife, ante natal, hospital, post natal) - if not included, go to questions 5 and 6 in this section
 2. What was it like (first contact) .. how did you feel? ... can you give an example? Did you understand what they were talking about? Did they explain things so you could understand them? How did you feel you were treated?
 3. What do u think about including fathers in services at this early stage?
 4. What's your opinion of other services following that first contact and since the birth of your child?
 5. Did you feel you were treated differently because of your gender? age? ethnicity?
 6. Could the service providers do more to make u feel more a part of it?
- How could your experience of early fatherhood have been made better? (if they were included in using services, skip the next question)
 - If you were not included, why was this?

Theme 3: Being a parent

- How did you feel when you first saw your child .. ?
- What's the most important thing for you in being a father? eg support from etc.

Optional (may be too sensitive) or if time allows

- Were you involved in the decision to continue the pregnancy or not?
- Did your child's mother experience any particular problems?... Did she, or the baby, need any specialist additional services?

Ask them to complete the interview evaluation sheet, and return this with the tape and tape recorder.

Copy of Newspaper Article on MACTIPP

Teenage parents get their say

TEENAGE parents in Sheffield are helping to plan services - by discussing their own experiences of pregnancy and child care. The Government organisation Sure Start Plus is funding a project which focuses on young parents from the city's African and Afro-Caribbean communities. Parents from ethnic minorities are being asked for their opinions because it is felt Sheffield has some of the highest levels of teenage pregnancy in the country and the

project links in with the city's ten-year strategy, which is aiming to halve the under-18 pregnancy rate by 2008. Dr Julia Hirst, senior lecturer in sociology at Hallam University, is carrying out the study, which will be used locally and nationally to develop services. She said: "We would like to find out how young parents feel they are perceived, but the positive sides are rarely seen. The aim is to evaluate current services and inform future policy."

Young people will be asked what services they used before and after the birth and if they or their youth worker or other way because the public's mind with young people are unsupported and miss out on more broadly by also finding out the views of young fathers and of young happily-married couples with families and as those in the city's Yemeni community.

The information will be collected by young parents who will be specially trained in how to interview their peers. Jack Emery, 21, and Damian Owrodza, 18, both fathers from Sheffield, are keen to interview other young parents. Jack, who is father to Isabella, two, and four-month-old Ashante, feels that more could be done to help young dads. He belongs to a group called the Father Figure project, which gives some support, but he feels more could be done.

thought of as a mistake. There are classes for mums and baby but there are never asked to be a father. To encourage involvement, parents were asked to take photographs to reflect home life with their children. The pictures were displayed this week at The Crucible. An event was also staged at the theatre where young parents were asked for their opinions.

Kate Lobbie

From Telegraph Living, The Sheffield Telegraph, Friday August 2nd, 2002