



Erasmus
Mundus

**EXPLORING THE EXPERIENCES OF SUPPORT IN THE
LIFE TRANSITIONS OF ADOLESCENT MOTHERS
LIVING IN CARE IN PORTUGAL**

James Kutu Obeng

Erasmus Mundus Master's in Social Work with Families and Children

Supervisor:

Prof. Maria João Pena (PhD) – Assistant Professor, ISCTE-IUL

ISCTE-University Institute of Lisbon, 6th July 2020



Abstract

Title: Exploring the experiences of support in the life transitions of adolescent mothers living in care in Portugal

Author: James Kutu Obeng

Keywords: Adolescent/Teenage Mothers, Puerperal, Support, Transition, Turning point

The aim of this study was to explore how adolescent mothers living in care in Portugal experience support in their life transitions. The study purposively sampled five adolescent mothers who were living in a care facility in Portugal because they became pregnant or mothers and were vulnerable. The qualitative research design was employed because the study sought to project the lived reality of adolescent mothers. The Skype video call interviewing was used for the data collection. Using a thematic analysis, the study identified themes that explained adolescent mothers' experiences of support prior to motherhood, experiences of support in their transition to motherhood, strengths to manage life challenges, and future expectations of support. The study revealed that prior to motherhood, the adolescent mothers living in care experienced insufficient sexual support and unstable family relationships, resulting in their early pregnancies. Also, the study revealed that after their transition into motherhood, the adolescent mothers were placed into care where they experienced institutional support, sexual support, the presence of their estranged family, and social support from friends and partners. Furthermore, adolescent mothers living in care were able to develop strengths through their experiences of support and through willpower. Finally, the study found that adolescent mothers living in care had high expectations of life. They expected future support to achieve their hopes in education, employment, accommodation, and hopes for their children. This study recommends that sexual support for adolescent girls must be improved at multiple levels; family, school, and social media networks. Also, adolescent mothers must be regarded as people with strengths and high hopes, instead of people with low life expectations.

Table of Contents

Abstract	i
List of Tables	v
List of Figures	v
List of Abbreviations	v
Acknowledgement	vi
Dedication	vii
1 CHAPTER ONE - INTRODUCTION	1
1.1 Background.....	1
1.2 Context of the study.....	2
1.3 Statement of the problem.....	3
1.4 Purpose of the study	4
1.5 Research Questions	4
1.6 Significance of the study	4
1.7 Structure of the study.....	5
1.8 Definition of keywords.....	5
2 CHAPTER TWO - LITERATURE REVIEW	7
2.1 Understanding adolescent motherhood: recent trends	7
2.2 Predisposing factors.....	9
2.2.1 Poverty.....	9
2.2.2 Family background.....	9
2.2.3 Lack of sexual education and contraception.....	10
2.2.4 Individual factors.....	10
2.3 Challenges of adolescent motherhood	10
2.4 Support for adolescent mothers	11
2.4.1 Welfare state and support for adolescent mothers	11
2.5 Adolescent mothers and the care system.....	13
2.6 The care system of Portugal	14
2.7 Social response for adolescent mothers – Life Support Centers (CAV)	15
2.7.1 Placement of adolescent mothers	16
2.8 Adolescent mothers’ experiences of support.....	18
2.8.1 Sources and types of support.....	18
2.8.2 Social Support	18
2.8.3 Formal Support.....	19
2.9 Adolescent mothers’ life transitions	20
2.9.1 Prior to motherhood.....	20

2.9.2	Transition to motherhood	21
2.9.3	Transition to adulthood.....	22
2.10	Chapter Summary	23
3	CHAPTER THREE - THEORETICAL FRAMEWORK	24
3.1	Strengths-Based Approach	24
3.1.1	Support as a strength	24
3.2	Life Course Approach (LCA).....	25
3.2.1	Historical time	26
3.2.2	The timing of lives.....	26
3.2.3	Linked lives	26
3.2.4	Human agency	27
3.3	Chapter Summary	27
4	CHAPTER FOUR - METHODOLOGY	28
4.1	Literature search technique.....	28
4.2	Sampling.....	28
4.2.1	Study site	28
4.2.2	Access to The Organization.....	30
4.2.3	Study Population	30
4.2.4	Sample size.....	31
4.2.5	Participants	31
4.3	Methodological choices.....	32
4.3.1	The epistemological and ontological approach	32
4.3.2	Research design	33
4.3.3	Data collection methods	33
4.3.4	Semi-structured interviews	34
4.3.5	Data Analysis.....	35
4.4	Ethical considerations.....	39
4.4.1	Ethics of using a research assistant.....	39
4.4.2	Informed consent	40
4.4.3	Invasion of privacy	40
4.4.4	Harm to participants	41
4.5	Trustworthiness and authenticity.....	41
4.5.1	Credibility	41
4.5.2	Transferability	42
4.5.3	Dependability	42

4.5.4	Confirmability	42
4.6	Authenticity	42
4.7	Limitations of the study	43
4.8	Chapter Summary	44
5	CHAPTER FIVE - FINDINGS AND DISCUSSIONS	45
5.1	Sexual support	45
5.1.1	Sex education and contraception	46
5.1.2	Family planning	48
5.2	Family relationship	49
5.2.1	Family relationship breakdown	50
5.2.2	Family presence	51
5.3	Institutional support	53
5.3.1	Childcare assistance	53
5.3.2	Helping hand	56
5.3.3	Relationship between adolescent mothers	56
5.4	Social support	58
5.4.1	Partner involvement	58
5.4.2	Friend's support	61
5.5	Strengths	62
5.5.1	Maternal role competence	62
5.5.2	Ability to combine roles	64
5.5.3	Ability to satisfy needs	65
5.5.4	Willpower	65
5.6	Future expectations of support	66
5.6.1	Desire to transition into independent living	66
5.6.2	Accompaniment	67
5.6.3	Hopes	68
5.7	Chapter Summary	74
6	CHAPTER SIX - SUMMARY AND CONCLUSIONS	75
6.1	Implications and recommendations	78
6.1.2	Conclusion	81
	REFERENCES	82
	APPENDIX I – INTERVIEW GUIDE	90
	APPENDIX II – CONSENT FORM	94
	APPENDIX III – NON-PLAGIARISM DECLARATION	98
	APPENDIX IV – INTRODUCTORY LETTER	99

List of Tables

Table 1: Estimates of Birth per 1000 women aged 15-19 for 2015-2020	8
Table 2: The number of children and young people by place of care in Portugal [No. = 7,032]	16
Table 3: Representation of Life Support Centers (CAV) within the district of Portugal	29
Table 4: Demographic representation.....	32
Table 5: Presentation of analyzed data.....	37
Table 6: Expression of hopes in two-fold.....	73

List of Figures

Figure 1: Global adolescent birth rate	8
Figure 2: The Life Course Themes (Giele & Elder, 1998).....	26
Figure 3: Nvivo word cloud of the dataset	36
Figure 4: In-house daycare as a contribution to childcare assistance.....	55

List of Abbreviations

WHO – World Health Organization

CAV – Centro de Apoio à Vida (Life Support Center)

COVID-19 – Coronavirus Disease 2019

CPCJ – Comissões de Proteção de Crianças e Jovens

ECMIJ – Entidades com Competência em Matéria de Infância e Juventude

EET – Education, Economic and Training

EU – European Union

IFSW – International Federation of Social Workers

LARC – Long Acting Reversible Contraceptives

LCA – Life Course Approach

MFamily - Erasmus Mundus Master’s in Social Work with Families and Children

UK – United Kingdom

USA – United States of America

UNDESA – United Nations Department of Economic and Social Affairs

UNFPA – United Nations Population Fund

Acknowledgement

Glory be to God Almighty!

To begin shows desire but to complete shows commitment. This is not only a Master dissertation but also a masterpiece that has been produced out of desire, commitment, and love. The production of this research could not have been possible without the support of very important people and institutions.

My utmost thanks to my mum Sister Afia, you are the best! And to my big bro Richard Peprah who always inspired me throughout this journey. And to Edmond Peprah and Ghandi Obeng, thank you. To my sisters, lovely Regina Obeng and Mildred Obeng, I appreciate your encouragement. I love all!

First, I thank the European Union – Erasmus Mundus Plus Program for fully funding my Master program from which this research has been produced.

Second, I thank the faculty, coordinators and administrators at ISCTE-IUL, University of Stavanger, University of Gothenburg, and Makerere University, for your immense contribution in this academic journey. I specially thank the staff at ISCTE-IUL for your direct contributions towards this research. Prof. Pedro Vasconcelos, I am grateful to you for opening your doors to me, sharing insights about the research with me and giving me useful resources. A special thank you also goes to Prof. Joana Azevedo for taking a lead role in organizing seminars for us, commenting on my work, and facilitating other resources. Not forgetting Prof. Ana Raquel Matias, I appreciate your time to participate in all the seminars and your input in my work.

Third, to my Supervisor, Prof. Maria João Pena, thank you so much for your immense support throughout this research. For arranging a research assistant for me, for opening your doors to me, for making very important inputs in my work, and for allowing me to work without any pressures; I say a big thank you.

Fourth, I reserve a special paragraph of gratitude to my intelligent Research Assistant, Patrícia Emília Gonçalves Vegard Nunes. If it had not been you this research would not have been possible. Thank you so much for making time for our meetings, for your very important suggestions, and for speaking my mind to the participants. You are amazing!

Fifth, a big thank you to Fernando Seabra, Rita Calvalho, and Cristina Almeida for allowing me into your organization to conduct this research. You showed massive interest in my research and fully supported me throughout the process. I am grateful to you.

Sixth, to my three peer debriefers: Tabitha Naa Akuyea Addy, Catherine Kayonga Suubi, and Rogers Mpaata. God bless you for taking time to review my work and making highly important comments in my work. A say a humongous thank you!

Finally, I also thank all my classmates for their direct and indirect contributions towards this dissertation. A special mention to Rita Adoma Parry, Mahmudul Hassan, and Elizabeth George.

Dedication

I dedicate this Master dissertation to my beloved grandmother who I started this academic journey with but sadly lost along the way.



Abena Koo (1930-2020)

Damrifa Due!!!

1 CHAPTER ONE - INTRODUCTION

1.1 Background

For many women, the transition to adulthood is where childbirth is expected. However, many young girls continue to transition to motherhood even before they become adults (SmithBattle & Leonard, 1998; Fonseca, 2009), predisposing them to challenges and social sanctions (Elder, 1978). The issues of adolescent motherhood continue to dominate discourses, as every year about 16 million girls aged 15 to 19 years, and 2.5 million girls under age 16 years give birth (WHO, 2014). Globally, there has been a steady decline in the birthrate of adolescent girls at least from 1990 to 2019 (United Nations Department of Economic and Social Affairs (UNDESA), 2019). Álvares and Merlini (2014) reported that statistical and demographic data on pregnancy and maternity show a clear reduction in adolescent motherhood both in Portugal and in the rest of Europe. However, Portugal continues to be one of the European Union (EU) countries with the most cases of adolescents' live births. The UNDESA (2019) estimates that between 2015-2020 Portugal has recorded 8.4 births per 1000 girls aged 15-19. This figure is relatively small, but it is higher than the average rate of births per 1000 girls in Western Europe (6.0 births per 1000 girls) and Southern Europe (7.8 births per 1000 girls) (UNDESA, 2019). Also, data from Statistics Portugal (2020) shows that the live births of adolescents from the ages of 11-19 years have been experiencing a steady decline at least since the last decade. However, the total number of adolescents' live births in the year 2019 was 2,077 which is higher than the previous year's (2018) figure of 2,028 live births¹.

Being a mother at an early age affects the life transition of young women, the development of their children, their relationship with their partners, their family relationships and their social engagements (Mangeli et al., 2017). Also, adolescent motherhood predisposes young people to adverse challenges that include; the increased burden of responsibility, physical problems, insufficient support, inefficiency in their maternal role, emotional and mental distress, role conflict, loss of freedom, among others (Moloney et al., 2011; Mangeli et al., 2017; Erfina et al., 2019). The challenges associated with early motherhood has generated a negative outlook on adolescent motherhood with many studies and national policies constructing it as a social problem and public health problem (De Jonge, 2001; Bunting & McAuley, 2004; Breheny & Stephens, 2010). Also, the negative outlook on adolescent motherhood has gained traction in some literature with little emphasis on the positive aspects which include their strengths, resilience, and resources. Indeed, some adolescent mothers do not see mothering as a negative experience that jeopardizes their future (SmithBattle & Leonard, 1998), they rather talk of motherhood as being rewarding (Haight et al., 2009; Maxwell, Proctor, & Hammond, 2011). Also, studies have found that adolescent mothers respond to their personal and social challenges by developing resilience (McDermott & Graham, 2005; Shea, Bryant, & Wendt, 2016). Moloney et al. (2011) and Bermea et al. (2019) specifically found that adolescent mothers can develop resilience through the social support they receive.

Given the reality, as expounded above, adolescent mothers need adequate support (Ngum Chi Watts, Liamputtong, & Mcmichael, 2015; Mangeli et al., 2017), because it mediates the effects of their difficult life circumstances (Colletta & Lee, 1983). This is supported by Roberts, Graham, and Barter-Godfrey (2011) who identified that support from social services, health care professionals,

¹https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&indOcorrCod=0001541&contexto=bd&selTab=tab2

and family and friends, enables adolescent mothers to manage their difficult life situations for them not to be seen as a social burden or problem. Also, adolescent mothers who have access to continuous schooling, daycare for their children, and family support are reported to experience a relatively smooth transition to motherhood (SmithBattle & Leonard, 1998). Experiencing support, therefore, improves the lives of adolescent mothers and their children.

Adolescent mothers may experience support from formal or institutional and/or informal or social channels. Yardley (2009) highlighted that formal support for adolescent mothers include one on one support services and group support services. On the other hand, social support for adolescent mothers may include partner support, peer support, support from teachers, extended family support and support from the wider community (Richardson, Barbour, & Bubenzer, 1995; De Jonge, 2001; Bunting & McAuley, 2004; Ngum Chi Watts et al., 2015; Bermea et al., 2019).

Therefore, detouring from the emphasis on the problems and negatives of adolescent mothers, the present study focuses on a positive aspect of their lives, that is, their experiences of support. In that vein, this study contributes to the growing body of literature that projects the positive side of adolescent motherhood.

1.2 Context of the study

In Portugal, close relatives usually provide all kinds of support, that is, support is given within kinship relations that are restricted, inter-generational, and vertically downward (Aboim, Vasconcelos, & Wall, 2013, p.10). It is, therefore, not surprising that family support is by far the most commonly researched type of support that adolescent mothers experience (Bunting & McAuley, 2004). Apart from family support, support could be experienced from other sources (Colletta & Lee, 1983; Kissman & Shapiro, 1990), like formal support. Due to the importance of informal support in Portugal, its absence compounds the troubles of adolescent mothers, leaving them in extremely vulnerable situations. However, a key point to note about informal support in Portugal is that the mere presence of informal support networks does not necessarily guarantee any adequate support since some class positions are more disadvantaged, leaving their class members with low support (Wall et al., 2001). In sum, there is a predominance of a welfare-society (informal support) in Portugal, however, due to inequality among social classes and the inefficiencies of informal support, the welfare state is required to respond to people's needs in cases of extreme vulnerability.

Thus, considering the inefficiencies of family support and the welfare state's role in compensating for that in Portugal, there is a national social response targeted at pregnant or puerperal mothers that include adolescent mothers. That is, the Life Support Centers (CAV)² constitute the state's comprehensive social response program for pregnant or puerperal women who are in extreme situations of vulnerability. Adolescent mothers fall within the purview of the CAV social response. First, because they become pregnant or mothers and second because they suffer emotional and social risk in their transition to motherhood. Out of 7,032 children and young people placed into care in 2018, 78 were placed into the CAV (Macedo, Simões, & Oliveira, 2019). Thus, the CAV provides the context for care for adolescent pregnant and/or mothers who are at emotional and social risk. The CAV intervention involves attendance, follow-up, and reception that constitute the

² Centro de Apoio à Vida

care for (young) mothers at emotional or social risk. ³ (See Title 2.6 and 2.7 in Literature review). Specifically, the reception intervention of the CAV constitutes the residential care for young pregnant and/or mothers.

1.3 Statement of the problem

The global reduction in the rate of adolescent birthrate does not necessarily mean a reduction in the demand for support framework for young pregnant women/teenage mothers (Álvares & Merlini, 2014). Rather, there is an increased demand for support by adolescent mothers in Portugal because they are already at a social disadvantage (ibid.). Adolescent mothers' increased demand for support is a testament to the weak informal support networks occasioned by class inequality in Portuguese society (Wall et al., 2001). Adolescent mothers are, therefore, placed into care as part of the support agenda; in the case of Portugal, they are placed into the CAV.

Adolescent mothers living in care are a vulnerable population (Social Exclusion Unit, 1999; Álvares & Merlini, 2014; Aparicio, Pecukonis, & O'Neale, 2015; Bermea et al., 2019). Understanding the perspectives of adolescent mothers in care is critical to working with them to improve their lives (Aparicio, Gioia, & Pecukonis, 2018). Young mothers are placed in care because they lack adequate social support, or they are at risk. There are two possible ways of looking at adolescent mothers and the care system. First, the category of adolescent mothers who were already living in care for other protection reasons before becoming mothers or became mothers soon after leaving care (Barn & Mantovani, 2007; Maxwell et al., 2011; Aparicio et al., 2015). Second, the category of adolescent mothers who were placed into care because they became pregnant or mothers and were in vulnerability (Bermea et al., 2019). The present study focuses on the second category.

Mainly, the literature on adolescent mothers within care institutions has emanated from the US (Haight et al., 2009; Aparicio et al., 2015; Aparicio et al., 2018; Bermea et al., 2019) and UK (Barn & Mantovani, 2007; Maxwell et al., 2011). This is not surprising because these nations have a vibrant care system and a high rate of adolescent live births. Most of the studies have tended to focus more on young women who were already living in the care system before they became pregnant or mothers or became mothers soon after leaving care. On the other hand, the experiences

³ Diário Da República No. 102/2004, Series IB of 2004-04-30 - Chapter II

7.o Attendance

The service aims to inform and clarify users, characterise their situation and identify their specific needs for development of a responsible maternity ward.

8.o Follow-up

1 - The follow-up consists of the close intervention, regular and systematic with the user, including the elaboration of an individual plan of intervention.

2 - The individual intervention plan shall consist of for several actions related to the support the restoration of emotional and psychological balance of its users, aimed at promoting their autonomy and their gradual family, social integration and labour.

3 - The individual intervention plan is prepared by the technical team and with the user, considering the situation of this and the needs identified.

9.o Reception

1 - The reception consists of the provision of accommodation for a fixed period, always that the situation and needs of users justify it.

2 - The reception must be designed and organized, with a view to user participation in the tasks as a form of learning and acquisition of personal skills.

3 - The reception period is determined if on a case-by-case basis, considering the situation and needs of the user, not to exceed two years.

4 - For ponderous reasons, namely in what refers to the realisation of the user's life project, reception may last longer

The Commission shall, in accordance with the procedure referred to in the previous paragraph, issue a reasoned opinion on the following of the CAV technical team.

5 - The reception may cover other descendants' minors, where it is shown to be indispensable for the maintenance of your emotional balance and for the preservation of the family unit.

6 - The accommodation can be developed in facilities of the CAV or be directly promoted by these in other community-oriented structures to this end, always ensuring the monitoring of users of the CAVs under this diploma.

7 - Accommodation comprises the elaboration of the plan of the CAV

of adolescent mothers who are placed into care because they become pregnant or mothers have received very little research attention although, they are a vulnerable group (Bermea et al., 2019).

Also, previous studies on adolescent mothers' experiences of support have not holistically investigated them as young people who are navigating multiple transitions in life. Elder (1998, p.6) points that adolescents' transition to motherhood can be viewed as a multiphasic process in which each phase is linked to a choice point, therefore, by viewing their life simply as one transition, will obscure appropriate points of preventive intervention along the life course. When it comes to support for adolescent mothers, studies have predominantly focused on single transitions of their lives, for example, their transition to motherhood, neglecting what transpired in their lives prior to their transition to motherhood and their transition in the future (see Unger & Wandersman, 1985; De Jonge, 2001; Bunting & McAuley, 2004; Yardley, 2008). Barn and Mantovani's (2007) emphasis on how the pre-care and in-care experiences influence the post-care outcomes of looked after children; signifies that the experiences of adolescent mothers living in care are better contextualized and understood when approached from the accounts of their pre-care, in-care and post-care.

Thus, the present study attempts to fill the above-mentioned gaps, by exploring the experiences of support of adolescent mothers living in care in Portugal; prior to motherhood, during their transition to motherhood, and their future expectations of support.

1.4 Purpose of the study

This study generally sought to explore the experiences of support in the life transitions of adolescent mothers living in care in Portugal. The reasoning behind this exploration is to holistically understand the experiences of support in the lives of adolescent mothers and its importance in their life moments.

Specifically, the study sought to understand adolescent mothers' experiences of support prior to motherhood; to understand adolescent mothers' experiences of support in their transition to motherhood; to understand how adolescent mothers manage their challenges through support, and to identify adolescent mothers' future expectations of support.

1.5 Research Questions

To achieve the purpose of this research the general research question was, "how do adolescent mothers living in care experience support in their life transition?"

The following will be the specific research questions;

1. How did adolescent mothers living in care experience support prior to motherhood?
2. How do adolescent mothers living in care experience support during their transition to motherhood?
3. How do adolescent mothers living in care manage their challenges through support?
4. Based on their past and present experiences of support, what are the future expectations of support of adolescent mothers living in care?

1.6 Significance of the study

Since adolescent mothers do not only have to negotiate parental roles but a multitude of age-related developmental transformations (Kissman & Shapiro, 1990) and structural inequalities (McDermott & Graham, 2005), an exploration of their experiences of support in their life transition brings to bear a better appreciation of their navigation through the life moments and how support enables

them to cope with motherhood. Also, this study highlights further opportunities for intervention, informs policymakers and practitioners about how to prevent negative patterns in the past from being repeated, and the need to strengthen support at where there is little or none.

By exploring the past experiences of support, attention has been drawn to the support that adolescent mothers did not receive thereby predisposing them to early pregnancy and motherhood. This is important because it provides background and context to interventions that will be planned to address the shortfall of past support.

By exploring the present experiences of support, attention has been drawn to how adolescent mothers are coping with their transition to motherhood while in care. This study tells us that placing pregnant and/or puerperal adolescent mothers who are in situations of vulnerability into care, marks a turning point in their lives. Moreover, the study is significant because it contributes to extant literature that says that adolescent mothers have strengths or can develop strengths through their experiences of support.

By identifying adolescent mothers' future expectations of support, proactive measures can be put in place to ensure that adolescent mothers have a smooth transition into independent living without facing recurrent problems. Now, adolescent mothers would not have to make the future transition into independent living, encounter problems before solutions are provided; what this study has done is to provide clues about what adolescent mothers will need in the future.

1.7 Structure of the study

Overall, this study has six (6) chapters. Each chapter has been designed to follow the general objective of the study which is to explore the experiences of support of adolescent mothers living in care in Portugal. The first chapter is the introduction of the study. The introduction gives a background to the study, reflects the context of the study, and highlights the research problem. Also, the introduction captures the purpose of the study, research questions, and the significance of the study. The second chapter is about the literature review. Here, previous literature from books, journals, reports, and websites that relate to the purpose of the study has been reviewed and discussed. The third chapter presents the theoretical framework, which discusses how some theories provide context and direction for the present study. The fourth chapter discusses the methodology of the study. The methodology reflexively discusses the strategies adopted for the conduct of this study, the research design, sampling, data collection and analysis, ethical considerations and it also highlights the limitations of the study. The fifth chapter is for the findings and analysis. In the findings and analysis chapter, the thematically analyzed data are explained with transcripts from the interviews and discussed in relation to other studies. The sixth chapter is about the summary of the main research findings and conclusions. Also, the chapter discusses the implications of the findings.

1.8 Definition of keywords

Adolescent/Teenage motherhood – Adolescent mothers are women between the ages of 11 and 19 who become pregnant and have a live birth (Cosden, 2011). Adolescent mothers and teenage mothers have been used interchangeably in the study.

Puerperal – It refers to the period that follows immediately after a woman's childbirth; usually considered as six months after childbirth (Brook et al., 2013).

Support - Support is a tangible or intangible assistance or help offered or received with the motive of improving a given situation. Wilcox and Vernberg (1985) define support as a behavior that is supportive or help that is helpful.

Transition – Hutchinson (2010) defines transition as moving from one status or role to another in a manner that represents a distinct departure from prior roles and statuses.

Turning Point - A time or event when one took a different direction from that in which one had been traveling (Clausen, 1998).

2 CHAPTER TWO - LITERATURE REVIEW

This chapter entails the review of relevant literature to reflect what has been studied around the study's purpose of exploring the experiences of support in the life transitions of adolescent mothers living in care in Portugal. Mainly, the literature review takes a narrative review approach because it sought to present a comprehensive and critical overview of previous studies on the study area (Bryman, 2012, p.102). Adding to this, the literature review is informed by my epistemological position as interpretivist, as such, the review is more about generating understanding of earlier works and how they relate to the study area rather than accumulating knowledge from previous studies. Therefore, the review largely gives an impression of the topic areas that I explored through the study (Bryman, 2012). Also, the narrative review approach used for this study incorporates an element of systematic literature review, that is, the specification of the literature search procedures in search engines (Bryman, 2012) (*See title 4.1 Literature search technique*). The works of literature that have been reviewed are mainly peer-reviewed articles, however, references have also been made from books, dissertation papers, reports, and website data and publications.

2.1 Understanding adolescent motherhood: recent trends

Adolescent motherhood has gained enormous research interest over the years. Generally, the world and country-specific incidence of adolescent births rate per 1000 women aged 15 to 19 have been on the decline at least from 1990 to 2019 (United Nations Department of Economic and Social Affairs, 2019). The statistics show that between 2015-2020 the estimated adolescent birth rate in the world stands at 42.5 births per 1000 girls aged 15 to 19 (United Nations Department of Economic and Social Affairs (UNDESA, 2019). Within this period, Africa has had the highest rate with 95 births per 1000 girls aged 15 to 19, followed by Latin America and the Caribbean with 63 births per 1000 girls aged 15 to 19, Oceania is next with 27.9 births per 1000 girls, Asia has 24.5 births per 1000 girls, North America has 18.9 births per 1000 girls, and Europe records the lowest rate with 12.7 births per 1000 girls (*See Figure 1.*).

Mainly, the reasons proffered for the decline of adolescent pregnancy and motherhood have been that countries are embracing liberal laws on sexualities and gender (Sedgh et al., 2015). Thus, countries are now prioritizing comprehensive sex education, the use of contraceptives, liberal abortion laws among others, to control the rate of adolescent pregnancy, and motherhood. In Africa where the adolescent birth rate is high, Sedgh et al. (2015) suggest that it is because of the culture which allows young girls to be married at an early age, making childbirth intended.

Like most countries, Portugal has been experiencing a decline in the rate of adolescent childbirth; however, the country's rate is quite high when compared to other countries in Europe (Silva & Magalhães, 2008; Mendes & Castelo-Branco, 2014). Álvares and Merlini (2014) reported that statistical and demographic data on pregnancy and maternity show a clear reduction in the phenomenon both in Portugal and in the rest of Europe. However, Portugal continues to be one of the EU countries with the most cases. The UNDESA (2019) estimates show that between 2015-2020 Portugal has recorded 8.4 births per 1000 girls aged 15-19. Portugal's rate is relatively small, but higher than the average rate of births per 1000 girls in Western Europe (6.0 births per 1000

girls) and Southern Europe (7.8 births per 1000 girls)⁴ (See *Table 1*). Moreover, the birth rate per 1000 girls in Portugal is higher than reported by the UNDESA when the age-specific birth rate is lowered to between 11 years and 19 years. Indeed, Statistics Portugal (2019) calculates adolescent livebirths from age 11 to 19.⁵

Table 1: Estimates of Birth per 1000 women aged 15-19 for 2015-2020

REGION	BIRTH PER 1000 WOMEN AGED 15-19
EUROPE	12.7
EASTERN EUROPE	25.1
NORTHERN EUROPE	10.8
PORTUGAL	8.4
SOUTHERN EUROPE	7.8
WESTERN EUROPE	6.0

Source: UNDESA (2019)

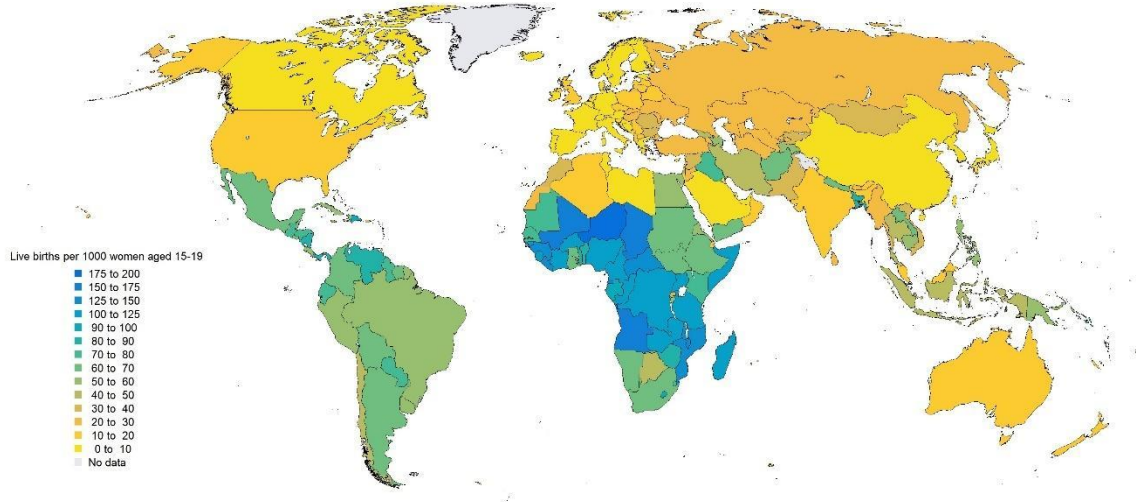
Furthermore, Silva and Magalhães (2008) assessed why the rate of teenage pregnancy and motherhood keeps declining yet still high in Portugal. They explained that the length of exposure to risk and the use of contraceptives are the main reasons. According to them, the length of exposure to risk involves the age at which women become sexually active. With the legal age of sexual consent standing at 14 years and the average age of sexual debut at 15.6 years (Mendes, Palma & Serrano, 2014), adolescent girls in Portugal experience a longer length of exposure to pregnancy. On the other hand, Silva and Magalhães (2008) explained that early and increased use of contraceptives has negative effects on sexually active girls becoming mothers, thus, they are protected from becoming young mothers. They further identified adolescents' education and a stable family environment to be crucial because they delay the sexual debut of young girls, thereby, reducing their risk of pregnancy. This agrees with Mendes et al. (2014) who recall that the decline in adolescent motherhood in Portugal is related to access to reproductive health, increased schooling, and career ambitions of adolescents.

Figure 1: Global adolescent birth rate

⁴ <https://population.un.org/wpp/DataQuery/>

⁵ https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&indOcorrCod=0001541&contexto=bd&selTab=tab2&xlang=en

Adolescent birth rate, 2015-2020



© 2019 United Nations, DESA, Population Division. Licensed under Creative Commons license CC BY 3.0 IGO.
Data source: United Nations, DESA, Population Division. *World Population Prospects 2019*. <http://population.un.org/wpp/>

2.2 Predisposing factors

Available evidence does not show that sexual activity has decreased (Klerman, 1993), however, young girls continue to give birth. Several factors have been mentioned as what predisposes young girls into early sexual activity, pregnancy, and motherhood. Key among the factors identified include; poverty, lack of sexual education, lack of contraceptives, among others. Ngum Chi Watts et al. (2015) assert that usually, teenagers who come from low socio-economic status, who come from families with a history of teenage pregnancies, those who have experienced abuse, and those without a father figure are at risk of unintended early pregnancies.

2.2.1 Poverty

Klerman (1993) points out that poverty is the underlining cause of early sexual activity and childbearing. This position has been tested by Hobcraft and Kiernan (2001) in their study and they revealed that the greater the level of poverty experienced during childhood the more likely young girls are to become teenage mothers. According to the Social Exclusion Unit (1999) of the UK, teenage pregnancy is often a cause and a consequence of social exclusion because usually young people who grow up in poverty, social disadvantage, and those with low educational attainment have a high risk of teenage pregnancy. Poverty being a predisposing factor to adolescent motherhood draws attention away from individual faults and the blame game that young mothers are usually subjected to; to the structural inequalities that are embedded in society. Indeed, adolescents who become pregnant are likely to be nutritionally depleted and come from households with low income (UNFPA, 2013).

2.2.2 Family background

The family background and structure of teenagers have also been found to influence early sexual activity and motherhood (Barn & Mantovani, 2007). Roberts et al. (2011) found that among all the young women who participated in their study, the year leading to their pregnancy involved family relationships breakdown. Roberts et al. (2011) participants particularly mentioned conflict with their mothers and the absence of their fathers as their experience prior to motherhood. The family context within which young girls grow influences their behavior patterns. Inadequate parental

monitoring and supervision may leave young girls unchecked and may risk getting pregnant. Silva and Magalhães (2008) found that stability in the family environment tends to delay the start of sexual activity, thereby reducing the risk of a teenager becoming a mother, however, coming from a family where parents were once teenage mothers may still predispose teenagers to early motherhood.

2.2.3 Lack of sexual education and contraception

Sexual education serves the purpose of educating the minds of unassuming young people to sexual issues and how they can protect themselves from any risky life situations. Sexual education is given by a host of social actors including; parents, schools, and peers. Studies (Klerman, 1993; Silva & Magalhães, 2008) have found that when young girls miss out on sexual education and the use of contraceptives, they risk pregnancy and motherhood. It came out from Barn and Mantovani's (2007) findings that few young mothers had received little or any information or advice from carers or social workers. As a result, Barn and Mantovani (2007) found that ignorance about sex and contraception are potential risks associated with unintended pregnancy. They specifically tie school attendance to sexual education and argue that failure to go to school will preclude young girls from gaining from sex and relationship education.

2.2.4 Individual factors

Barn and Mantovani (2007) unraveled mental health as an individual factor that may predispose young girls into motherhood. Their findings revealed that prior to motherhood, the young mothers had experienced feelings of rejection and loss following family breakdown and instability, low self-esteem, low self-worth, and self-harm. Also, Roberts et al. (2011) found that feeling like an outcast played a role in young girls' decisions prior to pregnancy. These conditions leave young girls in vulnerable situations wanting a shoulder to rely on and wanting to start their own families. Another individual factor is insecurity which may cause young girls to have sex and get pregnant for their boyfriends out of fear of losing them (Klerman, 1993; Daguerre & Nativel, 2006).

2.3 Challenges of adolescent motherhood

Becoming a mother at an early age predisposes young women and their children to several challenges. Since young mothers are negotiating multiple life transitions, their challenges in motherhood manifest during pregnancy, after childbirth, and in their future wellbeing. This is captured by Ganchimeg et al. (2014) who assert that apart from affecting pregnancy outcomes, adolescent childbirth also has a negative impact on the future well-being of the mother and infant. Mainly adolescent mothers face social sanctions, health challenges, insufficient support, difficulties in child-rearing, and in some cases death. Adolescent mothers face complications during pregnancy; obstetric fistula; unsafe abortion and death (UNFPA, 2013); and higher risks of eclampsia and puerperal endometritis (World Health Organization (WHO), 2014). Another report by the WHO (2016) indicated that among adolescent girls aged 15-19, maternal conditions are the top cause of mortality globally⁶. Children of adolescent mothers equally bear a brunt of the situation through receiving inadequate caregiving from parents, health challenges, lack of father involvement, and in some cases death. Ngum Chi Watts et al. (2015) identify that babies of adolescent mothers may be affected by stillbirth, low birth weight, risk of death, and these risks increase with how young their mothers are. Previous studies have found the following challenges of adolescent motherhood; the increased burden of responsibility, physical problems, insufficient support, inefficiency in a maternal role, emotional and mental distress, role conflict, loss of

⁶ https://www.who.int/maternal_child_adolescent/data/causes-death-adolescents/en/

freedom, feeling stigmatized among others (Yardley, 2009; Mangeli et al., 2017; Erfina et al., 2019). Early motherhood may also be associated with future long-term negative effects on adolescent mothers (Shea et al., 2015). Adolescent mothers' educational attainment, employability, and marriage may be affected because of their situation (Ngum Chi Watts et al., 2015; Erfina et al., 2019). Also, early motherhood may result in school dropout thereby reducing the educational opportunities for young women, limiting them to low skills acquisition (Barn & Mantovani, 2007; Ngum Chi Watts et al., 2015) and eventually putting them in a disadvantage on the labor market.

Other studies have raised counterarguments to the gloomy image that is portrayed about teenage births. Moloney et al. (2011) criticize that the studies that aligned negative health outcomes to teenage childbirth engaged in 'pick and choose' (emphasis mine) and as a result failed to control for confounding factors that relate to the challenges of adolescent motherhood. They contend that some underlining factors might have influenced the poor maternal or child outcomes associated with teenage births rather than the teenagers themselves. This counterargument holds especially when pregnancy outcomes are assessed at less developed regions where there are weak healthcare systems; most teenage pregnancies end in complications. Ngum Chi Watts et al. (2015, p.2) mention that particularly in poor settings, young mothers risk fistula and maternal death. Also, Daguerre and Nativel (2006) react against the inconclusive evidence that aligns adverse health outcomes for teenage mothers because of their ages and point out that the social, economic, and psychological circumstances within which pregnancy takes place could be the more dominant factors. Daguerre and Nativel (2006) identify poverty and lack of antenatal and obstetric care to be more related to poor health outcomes of teenage mothers than their age.

2.4 Support for adolescent mothers

“Supportive interventions (for adolescent mothers) alone cannot overcome the massive problems of poverty or stressful family environments. However, they can provide caring and helpful individuals who convey information, listen to problems, and reduce people's sense of isolation during a stressful developmental stage” (Unger & Wandersman, 1985, p.43).

Álvares and Merlini (2014) contend that the global reduction in the rate of adolescent birthrate does not necessarily impact on a reduction in the demand for support (institutional) framework for young pregnant women/teenage mothers. Indeed, adolescent mothers need adequate support (Ngum Chi Watts et al., 2015; Mangeli et al., 2017) to mediate the effects of their difficult life circumstances (Colletta & Lee, 1983). Roberts et al. (2011) specifically mention that support from social services, health care professionals, and family and friends, enables adolescent mothers to manage their difficult life situations and they are not seen as a social problem. Also, adolescent mothers who have access to continuous schooling, daycare for their children, and family support are reported to experience a relatively smooth transition to motherhood (SmithBattle & Leonard, 1998).

2.4.1 Welfare state and support for adolescent mothers

Esping-Andersen's (1990) welfare typologies did not feature Southern European/Mediterranean countries, solely focusing on three welfare typologies; liberal, conservative/corporatist, and social democratic, welfare regimes. Although Portugal along with other Southern European countries was not systematically captured by Esping-Andersen, they seem to bear some features of the conservative/continental welfare typology. Especially, the catholic imprints (except Greece) and the reliance on family for welfare have been cited as features among Southern European countries (Arts & Gelissen, 2002). Arts and Gelissen (2002) tabulate the works of (Leibfried, 1992; Ferrera,

1996; and Bonoli, 1997) who introduce the fourth rim – Southern European/Mediterranean welfare, to classify the welfare system of Southern European countries. With the Mediterranean welfare, the family plays a central role in providing social support to its members through informal solutions and a growing third sector (intervention from the private sector) (Wall et al., 2001; Wall & Correia, 2014; Padilla, Rodrigues & Chaves, 2017). The above-listed scholars highlight that in the Mediterranean welfare, there is right to work (Leibfried, 1992); healthcare is a citizenship right (Ferrera, 1996); and a high percentage of social expenditure is financed through contributions with low social expenditure as a percentage of GDP (Bonoli, 1997). Padilla et al. (2017, p.6) recall that the distinguishing factor of the Southern welfare model is its emphasis on “right” rather than discretionary social assistance (despite this being less obvious in Portugal). Also, social welfare is largely means-tested with eligibility criteria and residuality driving it. Support policies mainly target the very vulnerable who include; the poor elderly, the unemployed, the disabled, single, and young mothers among others (ibid.).

The discourse on welfare in Portugal has mainly centered on welfare-society (*sociedade-providência*), which involves the spread of informal networks of support that serve as social capital to family members (Wall et al., 2001). Mainly, this type of support is utilized by vulnerable people and families who are more affected by the welfare state’s inadequate provision of support, thus, socially produced welfare is expected to compensate for the state’s deficiency in providing welfare (Wall et al., 2001; Aboim et al., 2013). Despite the critical contribution of informal support, Wall et al. (2001) have shown that informal support networks are unevenly distributed in the Portuguese society, with people in less favorable class positions (low education and low income) receiving low support, leading to reproduction and reinforcement of social inequality and less hope for people. Therefore, Aboim et al. (2013, p.12) discount the idea that a strong welfare-society (social capital), particularly among lower classes, would always compensate for the inadequacy of the welfare state. On the other hand, Wall et al. (2001, p.230) concluded that “it is not (necessarily) informal support that compensates for the failure in state’s provision of welfare, rather, it is the weak state and market provision that does not always compensate for the gaps in informal support”.

There appears to be a connection between welfare regimes and teenage pregnancy and motherhood. As Daguerre and Nativel (2006) investigated, the nature of welfare provision to a large extent influences the variations in teenage pregnancy between countries with conservative welfare states – Italy, France, Quebec, and social democratic welfare states – Norway and Denmark, recording significantly lower rates in teenage pregnancy than liberal welfare states – US, UK, New Zealand. Therefore, it is important to understand the different welfare typologies since the welfare regime captures the public responses to the challenges of adolescent motherhood (Daguerre & Nativel, 2006). With teenage mothers being people who are largely affected by poverty (Hobcraft and Kiernan, 2001) and social exclusion (Yardley, 2008; Social Exclusion Unit, 1999), it becomes contingent on the welfare state to mitigate the failure of the market and/or the family when it comes to adolescent pregnancy and parenthood (Daguerre & Nativel, 2006). The nature and quality of support available for pregnant and adolescent mothers are strongly influenced by the type of welfare regime operational in a state; which influences adolescents’ birthrate. In most unequal societies, young people are perceived to have low expectations of life (Daguerre & Nativel, 2006; Social Exclusion Unit, 1999), mainly in education and employment, thereby leaving them in vulnerable situations. Pregnancy and motherhood, therefore, become a solace place to achieve social relevance (ibid.). In fact, De Jonge (2001, p.52) argues that for some teenage mothers who live in social environments where it is hard to secure a well-paid job having a baby may give a lot

more status. Thus, these societies are influenced by liberal ideals where work and qualifications are constituted as central identity traits, thereby constructing early motherhood as an event that may lead to welfare dependency, (Klerman, 1993). In light of this, Álvares and Merlini (2014) have classified the welfare system of Portugal as being close to the liberal model because, the country's high level of social inequality, combined with public policies that support adolescent motherhood and families leads to a social dualization, where there is a contraction in fertility patterns and a large difference in social class and living conditions.

2.5 Adolescent mothers and the care system

Adolescent mothers living in institutional care are a vulnerable population (Barn & Mantovani, 2007; Álvares & Merlini, 2014; Aparicio et al., 2015; Bermea et al., 2019) however little is known about their experiences of support especially in their multiple life transitions. Álvares and Merlini, (2014) and Bermea et al. (2019) are among the few studies that investigated adolescent mothers who were placed into care because they became pregnant or mothers and were in need or support.

In Portugal, Álvares and Merlini (2014) conducted an evaluative study of the qualification and professional integration program for young pregnant/mothers at social risk, run by Associação Humanidades between 2006 and 2013. As part of the evaluation, they conducted narrative qualitative interviews with content analysis for teenage pregnant/mothers. 23 young mothers including 6 who were in the shelter of the organization and 17 who were being followed up outside the shelter were involved in the study. The interviews spanned from 2006 to 2013 in three phases: 2006-2008, 2009-2011, 2012-2013. The results highlighted the circumstances surrounding young mothers' pregnancy and motherhood and their family relationships, young mothers' experiences of institutional support, young mothers' qualification process and pathways, and their employability and future expectations. The results indicate that most teenage pregnancies were unplanned because of access to incomplete information about contraception. Also, the pregnancy of the young mothers disrupted their family relationships thereby making them lack family support. Furthermore, the results showed that young mothers' experiences of institutional support made it possible for them to reconcile their maternal roles with work and their personal life. Also, through institutional support, they were able to access medical services. The young mothers also talked about maintaining institutional ties even after leaving the shelter. Concerning the qualification process of young mothers, the study identified that early pregnancy interrupted young mothers' education making them drop out of school. However, they had high expectations of returning to school. Finally, the study found that young mothers were engaged in difficult and menial jobs, with some who are unemployed employed. Despite these, they clearly enumerated their life goals during the interviews with anticipation of a difficult short-term future where they will no longer be under professional tutelage. On a positive note, they showed ambition and optimism towards the medium to long term future with high expectations of owning a house and getting a stable job.

In the US, Bermea et al. (2019) explored how pregnant and parenting adolescent mothers who are placed into residential foster care, developed resilience. They conducted focus group interviews with 39 adolescent mothers who entered residential care because they were pregnant or already mothers and had not become pregnant with their first child while there. They used thematic analysis to analyze data from the participants. With the US being one of the countries with a high prevalence in adolescent motherhood (Sedgh, 2015), there are some interventions designed to support adolescent mothers. Bermea et al. (2019) sought to investigate how adolescent mothers being supported in residential foster care develop resilience. The authors admitted that there is scant information about adolescent mothers within the context of the residential care system. The study

found that two distinct features characterized adolescent mothers' experiences, that is, struggles and resilience. Adolescent mothers' struggles involved; motherhood stigma, parenting judgment which came in the form of unsolicited advice from adults and age prejudice of adolescent mothers' competence, and the uncertain relationship with the child's father. On motherhood stigma, Yardley (2008) confirms that teenage mothers experienced stigma from the general public, the media, and public services, like health services. On the positive side, Bermea et al. note that adolescent mothers experienced resilience while living in care. Thus, adolescent mothers experienced social support from external sources – family, friends, old teachers; they drew support from their relationships with colleague mothers whom they stayed in care with, and motherhood made adolescent mothers adjust their priorities to suit their childcare responsibilities.

The evidence available suggests that the studies about adolescent mothers and the care system have predominantly focused on young mothers who were already in the care system before becoming mothers and young women who became mothers soon after leaving care (Eg. Barn & Mantovani, 2007; Haight et al., 2009; Maxwell et al., 2011; Aparicio et al., 2015; Aparicio et al., 2018) (*See Titles 2.9.2.1 and 2.9.3.1*). What the present study investigates is the lived experiences of support of adolescent mothers who were placed into care because they became pregnant or mothers and were vulnerable.

2.6 The care system of Portugal

Portugal is a country located in Southwestern Europe. The country has a population of 10,276,617 which is made up of the Mainland (9,779,826), the autonomous region of Açores (242,846), and the autonomous region of Madeira (253,945) (Statistics Portugal, 2018)⁷. Out of the total estimated population, females are 52.8% and males are 47.2%. In the 2011 population census of Portugal, children and young people aged 0-24 years were estimated to be 2,719,644 (Macedo et al., 2019). The authors further reported that as at 2018, there were 7,032 foster children and young people representing 0.26% of the children population who were placed into reception centers in Portugal. Since the last decade, the number of children and young people hosted in reception centers in Portugal has reduced by 23% (ibid.).

Portugal has fourteen (14) social responses that constitute the national reception system for children and young people at risk and in need of protection, and in need of specific support. The 7,032 children and young people who are in care were placed into residential and family care, that is distributed across the 14 social responses that make up the reception system (Macedo et al., 2019). The 14 social responses function in four main domains: generalized care, specialized care, other specific issues concerning children and youth and family care. They include *Generalized Care* – Home for Children and Youth (Lar de Infância e Juventude), Temporary Reception Center (Centro de Acolhimento Temporário), Emergency Shelter (Acolhimento de Emergência); *Specialized Care* – Autonomy Apartments (Apartamento de Autonomização), Therapeutic Community (Comunidade Terapêutica), Special Education Schools (Colégio de Ensino Especial), Mental Health Integrated Continuing Care Units and Teams (CCISM)⁸, Specialized Home for Children and Youth (Lar de Infância e Juventude Especializado); *Other responses to specific children and*

⁷https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&contecto=pi&indOcorrCod=0008273&selTab=tab0

2017 - Amendment of the Law - Law No. 23/2017, of 23 May - for the Promotion of Children and Youth, extends the possibility of maintaining the reception situation until 25 years (entry into force with the 2018 state budget)

⁸ Cuidados Continuados Integrados de Saúde Mental

young people's needs – Life Support Centers (Centro de Apoio à Vida), Support Homes (Lar de Apoio), Residential Homes (Lar Residencial), Insertion Communities (Comunidade de Inserção), Shelter House (Casa Abrigo); and *Family Care* – Host Family (Familia Acolhimento).⁹

2.7 Social response for adolescent mothers – Life Support Centers (CAV)

Of particular interest to the present study are the CAV which form part of the other social responses for specific needs of children and young people. The CAV is a social response that aims to provide conditions for support and care for pregnant or puerperal women with their new-born children, favoring the development of dignified and responsible motherhood. Macedo et al. (2019) captured in the 2018 annual national report on care for children and young people that 78 young mothers were being hosted in the CAV. See *Table 2* below.

The CAV have been established with the principle to defend the law of life, birth promotion, the principle of integrity, identity, privacy and to ensure the dignity of women (Diário da República, 2004). The CAV is regulated by Law No 32/2002 of 20 December 2002 which approves it as a concrete network of social services and equipment within the social security system. The primary intervention of the CAV particularly targets women in situations of extreme vulnerability and where there are numerous shortcomings of social, emotional, and economic nature (Diário da República, 2004). Thus, the CAV provides support for pregnant women or mothers who have recently given birth and are in situations of great vulnerability, through dedication to care, follow-up, and reception; which appear to be of fundamental importance to the normal course of pregnancy, of the birth and development of the new-born. The intervention takes three approaches, that are, services of attendance – providing necessary information about maternity and addressing the needs of mothers; accompaniment – following-up on mothers with development of individual plans; and reception – provision of accommodation for a fixed period of time for mothers and their babies. According to Diário da República (2004) the situations that classify the emotional or social risk of women to include; (a) absence of family environment or conditions which enable them to ensure responsible maternity; (b) emotional instability related to maternity which could affect the normal development of pregnancy; (c) circumstances, activities or behaviors that endanger the mother's health, from the unborn child or the new-born; (d) socio-economic conditions that compete for a particular situation of vulnerability or affect mother's family stability.

Adolescent mothers fall within the category of persons who the CAV seek to support. First, because they are mothers and second because they suffer emotional and social risk in their transition to motherhood.

Moreover, the CAV aims at promoting parental responsibility and autonomy of women, under conditions that facilitate the acquisition or the enhancement of personal, social, and professional skills (Diário da República, 2004). This approach leads to the empowerment and liberation of mothers and ultimately social justice. In effect, the CAV mitigates the cycle of disadvantage that adolescent mothers might have experienced in the absence of support in their lives.

⁹ <http://www.seg-social.pt/familia-de-acolhimento-de-criancas-e-jovens>

Table 2: The number of children and young people by place of care in Portugal [No. = 7,032]

SOCIAL RESPONSE	NO. OF CHILDREN AND YOUNG PEOPLE
Mental Health Integrated Continuing Care Units and Teams	3
Insertion Communities	13
Shelter House	26
Emergency Shelter	43
Support Homes	47
Life Support Centers (CAV)	78
Special Education Schools	86
Autonomy Apartments	97
Specialized Home for Children and Youth	97
Therapeutic Community	124
Residential Homes	143
Host Family	200
Temporary Reception Center	1 864
Home for Children and Youth	4 211

Source: Adapted from *CASA 2018 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens*

2.7.1 Placement of adolescent mothers

Generally, institutional support for teenage pregnancy and motherhood situations in Portugal becomes a public policy objective from the moment the phenomenon becomes legitimate as a social problem (Álvares & Merlini, 2014). They mentioned that the global decline in the rate of adolescent birthrate has not necessarily resulted in a decline in the demand for support by young mothers, especially in Portugal, because the young girls who are already at a social disadvantage do not get affected by the global decline in adolescent birthrate (Álvares & Merlini, 2014). Therefore, adolescent mothers in Portugal have rather been in increased demand for support to manage their difficult life situations because they experience lesser support in their informal support networks. Álvares and Merlini's (2014) revealed that adolescent mothers' increased need for support in Portugal is because of the weak social support networks in providing adequate social support. Adolescent mothers have now resorted to institutional support (Colletta & Lee, 1983), hence the increase in demand for support in this area. Yardley (2009, p.254) indicates that formal support services provide a partial replacement of informal support that might be lacking for adolescent mothers. This shows that mainly adolescent mothers from socially disadvantaged backgrounds are

the ones who receive institutional support in Portugal because they experience insufficient support from their informal support networks.

The CAV support for adolescent pregnancy and motherhood is hinged on two main policy ideas; the social inclusion of young people and pregnant women/puerperal women in vulnerable situations (considered as an at-risk group) and the general child protection objective of promoting and protecting children and young people at risk or imminent danger of life (Álvares & Merlini, 2014).

First, concerning the social inclusion of young people and pregnant women/puerperal women in vulnerable situations, the authors mention the Resolução de Assembleia da República 27/2007 (Assembly of the Republic Resolution), which recommended measures to the government that will ensure the prevention of adolescent pregnancy. Also, Álvares and Merlini (2014) indicated that the creation of the service and social equipment – Centro de Apoio à Vida (CAV) in Law. 32/2002 which constitutes the only concrete social response aimed at supporting pregnant or postpartum women in extremely vulnerable situations. Thus, the CAV applies “the transversal logic to respond to the pregnancy/motherhood of both adults and adolescents, emphasizing on special needs and a tailored response to the case, triggering different services and sectors” (Álvares & Merlini, 2014, p.27). The CAV in Portugal aims to foster social inclusion of adolescent mothers and their babies who are at risk of social exclusion, by not only providing physical reception and care structure in emergencies but also providing skills and resources - qualification and employment (Álvares & Merlini, 2014). This approach is similar to the New Labour Government of UK’s approach through the National Teenage Pregnancy Strategy in 1999s which aimed at promoting social inclusion with economic self-sufficiency through promoting policies to encourage young mothers to return to education or employment (EET) (McLeod, Baker, & Black, 2006). Apart from the known legislations, interventions for adolescent pregnancy and motherhood in Portugal have been addressed mainly through indirect and transversal measures (Álvares & Merlini, 2014), cutting across multiple sectors such as health, education, child protection, social justice, among others.

“From 2006 and until 2009, several state incentives are counted to promote birth, namely the extension of the public network of childcare equipment and services (Ordinance 426/2006), prenatal allowance (Decree-Law 308-A / 2007) and the extension of parental protection for Independent Workers (Decree-Law 91/2009), specifically protecting also the families at greater risk of exclusion, attributing an increase in Family Allowance to households single parents (Decree-Law 87/2008) or reinforcing social subsidies for families in situations economic need (Decree-Law 105/2008)” (Álvares & Merlini, 2014, p.27).

Second, the protection of adolescent mothers falls within the remit of the Portuguese child and youth protection laws (Law No. 147/99) which gives authority and jurisdiction on the issues of adolescent mothers. The laws apply to adolescent mothers who are in danger and fall within the age category of children and young people as defined by the Portuguese laws. Protection is applied through three phases using (the principle of subsidiarity); first, the Entidades com Competência em Matéria de Infância e Juventude (ECMIJ) (Entities with Competence in Matters of Childhood and Youth) – which involves monitoring, protecting and reporting by duty bearers in areas of health, education, professional training, and occupation of leisure time; second, the Comissões de Proteção de Crianças e Jovens (CPCJ) (Children and Youth Protection Commissions) – who are responsible for removing children and young people in danger and at risk to safety; and third, Tribunais de Família (Courts) – who step in when there is no consent leading to involuntary placement by police

and or prosecutors in cases of serious suspicions or confirmation of crimes of ill-treatment (Álvares & Merlini, 2014).

2.8 Adolescent mothers' experiences of support

Apart from understanding the support provided, the experiences of support enable us to understand the views and perspectives of adolescent mothers about the support they have received. This part of the literature review will discuss previous literature's exposition on the sources and the types of support adolescent mothers experience.

2.8.1 Sources and types of support

As intimated above, support is experienced from formal/institutional sources and informal/social sources. Formal support, which is mainly given by the state, quasi-government bodies and non-governmental organizations, is more direct and structured, aimed purposely for specific interventions whereas informal support (social support), given by family and society, is more unstructured encompassing different forms of assistance that pertain to the needs of the recipient. Extant studies have revealed that adolescent mothers experience social support from family, partner, and peers, who provide emotional support, financial support, childcare assistance. Also, they experience formal support on education, economic and training (EET), support on life skills, advice, informational support, group support, childcare support among others.

2.8.2 Social Support

Social support is very salient for adolescent mothers because of the different social ecology that defines their lives (Richardson et al., 1995). For instance, Wall et al. (2001, p.230) contend that the experience of informal support in Portugal is significant when there is childbirth.

Departing from a positive viewpoint amidst the negative highlights on teenage motherhood, Bunting and McAuley (2004) critically analyzed literature from the US and the UK on the role of support in teenage motherhood. The study assessed three main types of support for teenage mothers; family support, partner support, and peer support. In the subsequent paragraphs, the main types of support that teenage mothers experience has been discussed in relation to different literature.

2.8.2.1 Family support

Family support is the most commonly researched type of support that teenage mothers experience and it improved maternal wellbeing (Bunting and McAuley, 2004). Within family support, support from teenage mothers' birth mothers was crucial and most frequent. Indeed, maternal support is significant for teenage mothers even when their parents (mothers) were unhappy with them becoming young mothers (Ngum Chi Watts et al., 2015). Bunting and McAuley (2004) found that family support was manifested in the provision of housing, financial support, childcare assistance, emotional support. De Jonge's (2001) study shows that adolescent mothers talked highly of experiencing childcare assistance, mentioning how this type of support enables them to work or study. Similarly, Meadows-Oliver et al. (2007) found that adequate childcare assistance can increase the educational attainment of teenage mothers, by enabling them to make time for higher education.

2.8.2.2 Partner support

Another source of support identified in Bunting and McAuley (2004) is partner support. Partner support may involve support from the father of the child, support from boyfriend and husbands.

Due to the financial difficulties of adolescent mothers they experience financial assistance from their partners (De Jonge, 2001). Unfortunately, adolescent mothers rarely receive support from the father of their child but when they do, they complement caregiving to the baby and provide financial assistance (Kissman & Shapiro, 1990). Ngum Chi Watts et al. (2015) further found that teenage mothers experienced inadequate financial and emotional or physical support, and sometimes no support from the father of their babies.

2.8.2.3 Peer support

The third source of support identified by Bunting and McAuley (2004) is the support from friends and/or peers. They contend that peer support is the least researched type of support experienced by teenage mothers, but it remains the highest source of emotional support that reduces the parenting stress of teenage mothers. Richardson et al. (1995) corroborate the findings of Bunting and McAuley (2004) by revealing that peers of adolescent mothers are more emotionally supportive however peer support has received little attention in the literature. Again, Kissman and Shapiro (1990) highlighted that peer support accounted for emotional and caregiving that improve the wellbeing of teenage mothers.

Bunting and McAuley's (2004) review on family support did not account for the structural factors that may promote or inhibit family support. For instance, Daguerra and Nativel (2006, p.8) indicate that a country's welfare regime dictates the level of family support and social solidarity that impact teenage motherhood.

2.8.3 Formal Support

On formal support, Yardley (2009) explored teenage mothers' experiences of formal support services as part of a wider study into the experiences of teenage mothers in the Midlands area of the UK. She interviewed 20 young women who gave birth as teenagers. The study specifically focused on the teenage mothers' experiences of one-to-one and group support modes, by exploring and examining the reasons and circumstances that teenage mothers consider in participating in either of the support modes. The study showed more about the autonomy and self-determination of teenage mothers in assessing their needs and opting for particular support services. Moreover, the study revealed that among other things formal support services perform the following functions; advice from professionals and peers provides a social avenue to meet other mothers, personal development, stigma management, development of child's social skills through group support where children interact with other children, and addresses crisis by providing consistent and reliable support that may replace unavailable informal support. Particularly, Yardley (2009) stressed the importance of group support because unlike one-to-one support, it performs all the functions of support services mentioned above, except crisis intervention. Apart from formal support, Yardley (2009, p.249) argued that the teenage mothers who chose group support were more likely to have substantial informal support networks (family, partners, or friends) hence their inclination to expand their support network. This argument can be sustained by Kissman & Shapiro's (1990, p.170) assertion that adolescent mothers develop social skills and assertiveness from their family support and can use those skills to gain further support from other sources. Also, De Jonge (2001) identified the support group to be important since it empowers adolescent mothers and provides emotional support for them. Participants in De Jonge (2001) further explained that it would be useful to gather a group of people together who shared similar circumstances to offer support for each other.

However, teenage mothers who chose one-to-one support were more likely to be establishing regular and reliable support because of a possibly non-existent or irregular informal support (Yardley, 2009). The findings also discovered those teenage mothers who used group support services preferred to delay enrolling in school or work to spend more time with their babies while teenage mothers who used one-to-one support services preferred to participate in school or work. Similarly, Greene (1990) found that female adolescents projected that in their future transition to adulthood they expected to delay their career achievement to fulfill familial roles and obligations. This highlights the unique needs and interests of teenage mothers and the need to respect their values and life choices. Thus, it is important to use a needs-led approach to provide support rather than a top-down nationally dictated approach that already presupposes the problems of teenage mothers and ascribe solutions to them.

From the foregoing, the studies have predominantly ignored the forms of support that adolescent mothers experience in their past before motherhood, for example, support on sexual education, and rather focused on adolescent mothers' experiences of support after they became mothers. Also, adolescent mothers' aspirations and expectations are not much considered in the planning of formal support as seen in the implementation of the EET. As Yardley (2009) found, due to different aspirations of teenage mothers, there is the need to respect their values and life choices, through using a needs-led approach as well as assessing their weaknesses (Unger & Wandersman, 1985), to provide support rather than a top-down nationally dictated approach that already presupposes the problems of teenage mothers and ascribe solutions to them. Also, Colletta and Lee (1983) revealed that when support is tailored to meet the specific needs of adolescent mothers, it is most effective.

2.9 Adolescent mothers' life transitions

The life course approach shows that human beings go through different life transitions and each transition comes with its roles, complexities, and opportunities. Considering that adolescent mothers make an earlier than expected transition to motherhood, described as off-time by Elder (1998), their lives will be better understood by exploring their uncompleted phase of life prior to motherhood and the uncertain future that lies ahead of them. This approach is realistic because adolescent mothers have a sense of self of their experiences in the past, present, and future (SmithBattle & Leonard, 1998). Therefore, understanding aspects of their life is best achieved when focused holistically on their past, present, and future. Elder (1998) captures the multiphasic process which characterizes the life transitions of adolescent mothers and the need to view them in that light. Similarly, Hogan and Astone (1986, p.113) argue that there are linkages between the life transitions of adolescents, as such researchers need to recognize that the various transitions influence each other. Thus, for this study, the multiple transitions of adolescent mothers involve their past experiences prior to motherhood, their present transition to motherhood, and their future transition to adulthood.

2.9.1 Prior to motherhood

Using a qualitative interpretive phenomenology, Roberts et al. (2011) explored the lived experiences and social context of four (4) young women (aged 16-20) prior to becoming pregnant in their adolescence in rural Victoria, Australia. The study revealed that participants experienced significant social exclusion (Social Exclusion Unit, 1999; Yardley, 2008), prior to becoming mothers. This is reflected in their family breakdown, early school dropout, feeling isolated from friends, and feeling dissatisfied with family relationships. Connected to the above, Barn &

Mantovani (2007) explained that early school dropout makes young women miss out on sexual education support within the school setting, thus, predisposing them to risky sexual behaviors. Moreover, Roberts et al. (2011) found that amidst their difficulties, participants experienced support through forming meaningful and positive relationships with their child's father prior to becoming pregnant. The partner support they experienced atoned for their weak family relationships. Partner support has been found to improve the economic situation and psychological wellbeing of teenage mothers (Bunting & McAuley, 2004). Finally, participants in Roberts et al. (2011) recommended the need for a broader sexual education which should be delivered by young people themselves through discussing their own experiences. This recommendation ties in with group support where young mothers gather to share their experiences as discussed by Yardley (2009). Though, with a small sample size of four, Robert et al. (2011) study show that the absence of key support in the lives of adolescents may predispose them to early motherhood.

2.9.2 Transition to motherhood

Much of the literature on adolescent motherhood has focused on their transition to motherhood. Even though the transition to motherhood begins from the time young women become pregnant extending to the postpartum period, their settling-in as parents providing care to their new-born infants is a significant stage that needs independent attention (Erfina et al., 2019). Many mothers feel ill-prepared for their transition to motherhood (McLeod et al., 2006), thereby making the transition challenging for them (Erfina et al., 2019). In their exploratory study Erfina et al. (2019) revealed that adolescent mothers experience the following challenges when transitioning to motherhood: physical problems – which involved tiredness, pain, and helplessness following childbirth; psychological problems – a mixed feeling of loss, regret, worry and sometimes joy for their future; childcare challenges – lack of role competence in their new parental status; and inadequate social support from family and professional networks. Detouring from Erfina et al. (2019) findings which focused on the difficulties with adolescent motherhood, other studies (SmithBattle & Leonard, 1998; Barn & Mantovani, 2007; Roberts et al., 2011; Maxwell et al., 2011; Shea et al., 2016; Aparicio et al., 2018) have revealed that adolescent mothers did not recount their transition to motherhood as a negative experience, rather, they talked of it as a positive experience that enhances their identity, makes them responsible and gives them a renewed hope for the future.

Apart from the positive experience that transition to motherhood brings to adolescents, they can navigate their difficulties by developing resilience through the support they experience. According to Bermea et al. (2019) experiencing social support in care enabled adolescent mothers to create networks on which they could rely on negative times. This is supported by Moloney et al. (2011) who also mentioned that young mothers are resilient since they overcome stigma and poverty through their social support. Bermea et al. further highlighted that while in care adolescent mothers developed resilience from their colleague mothers through emotional support. Thus, support plays a crucial role in adolescent mothers' transition to motherhood.

2.9.2.1 Transition to motherhood within care

Aparicio et al. (2015) explored the motherhood experiences of teen mothers in foster care with a history of maltreatment. They employed interpretative phenomenological analysis for the study design and analysis. The study conducted 18 in-depth interviews for six young women who became pregnant while in foster care. Thus, three (3) interviews were conducted for each participant. The study found that motherhood presented a dual experience for young mothers, that is, being a

daughter that was marked by darkness and despair in the past and being a mother to a baby which ignited a sense of purpose and importance. In the past, the darkness and despair of teen mothers included substance abuse by biological parents, poverty, homelessness, absence, and loss of caregivers, breakdown in family ties, and abuse and neglect. On the brighter side, the transition of motherhood among foster youth brought them social support from their baby's father and their families who hitherto were estranged. This shows that becoming an early parent augurs well for foster youth and perhaps they are motivated to become early mothers due to the positive it brings them to counter their past experiences of neglect. Aparicio et al. further highlighted that the agenda of teenage pregnancy prevention would be hampered if not marched with the motivations, identity, and relational needs of the young women in foster care. The authors argued that there should be a comprehensive sexual health service that explores their life histories and future plans, desire for children, and discussions about family planning. Also, the authors recommended comprehensive mental health and substance abuse services to families and children involved with child welfare services.

2.9.3 Transition to adulthood

“Teenage motherhood cannot be treated as a singular, uniform transition to adulthood; it is experienced differently by individuals drawing on economic and social support from a variety of sources” (Yardley, 2008, p.671). Therefore, adolescent mothers' transition to adulthood should be seen as a process rather than an event (Hogan & Astone, 1986). Also, the transition to adulthood is not merely biological but socially constructed, therefore, it is important to understand how it is conceptualized by the members of a particular society (Arnett, 1997, p.4). Connecting to Arnett's (1997) proposition, Guerreiro and Abrantes (2004) in their study about how young people progress into adult life in Portuguese society argued that traditionally transition to adulthood is defined by young people as leaving their parent's home to start independent lives. Even though this situation is dominantly the case in Portugal, there are other multiple and diverse situations, and contexts within which young people may transition into adulthood (ibid.). They highlighted four central dimensions - education, work, family, and gender; and seven modes of transition to adulthood – professional transitions, leisure transitions, experimental transitions, progressive transitions, early transitions, precarious transitions, and de-structured transitions. Another emerging situation of transition to adulthood is young people leaving the care system. In fact, young people leaving the care system have been studied as people making the transition into adulthood (Stein & Munro, 2008; Höjer & Sjöblom, 2014; Adeboye 2015; Adeboye, Guerreiro, & Höjer, 2019).

How did the present study investigate adolescent mothers' transition to adulthood or independent living?

By exploring adolescent mothers' transition to adulthood, this study will focus on the expectations of adolescent mothers in their future transition into independent living. This approach is useful because the adolescent mothers used in the study are yet to make the transition into independent living. Indeed, Hogan and Astone (1986) pointed out that adolescents may have expectations for their life events in their future transition to adulthood. More so, adolescents construct a narrative of their future largely based on their accumulated experiences from the past and present derived from the social context within which they live (Greene, 1986). Relating this to adolescent mothers, their past and present experiences of support may have a bearing on their future expectations of support. The young mothers in Shea et al. (2016) mentioned that their future expectations were plans to marry, go back to school, get a good job, and providing a future for their children. Also,

during their transition to motherhood, adolescent mothers construct a sense of their future life, for themselves and their children (SmithBattle & Leonard, 1998).

2.9.3.1 Transition from care into independent living

In the US, Haight et al. (2009) conducted a case-based analysis of the beliefs of three (3) African-American adolescent mothers aged 19-20 years who were transitioning from foster care into independent living with their children. Haight et al. (2009, p.61) contend that the positive shared belief about parenting among African-American adolescent mothers constitutes “a complex matrix of protective cultural beliefs and practices”. Having a baby and being a mother represented a positive experience for African-American adolescent mothers. They described their children as “blessing from God” (p.61) and regarded motherhood as a rewarding experience that made them better people. Also, the African-American adolescent mothers recalled that their experiences prior to and during foster care presented difficulties. They faced challenges relating to finances, reconciling multiple obligations, social stigma, and negativity from caseworkers. After transitioning out of foster care into independent living, African-American adolescent mothers were able to surmount their challenges through support which were made up of their personal strengths, spirituality, social support: male partners and othermothers (significant women like foster mothers, and colleague adolescent mothers). These sources of support enabled the adolescent mothers to acquire financial assistance, emotional and practical support, and resistance to the negativity from authority figures. The findings of Haight et al. (2009) proves that intervention for adolescent mothers in foster care during their postpartum period is vital (Aparicio et al., 2018).

From the literature of adolescent mothers’ life transitions, none of the studies solely sought to investigate how adolescent mothers have experienced support in their life moments even though the participants in the various studies (Haight et al., 2009; Aparicio et al., 2015) talked about their experiences of support. Focusing on adolescent mothers’ experiences of support means moving beyond the predominant highlight of their challenges and looking at their positives. Also, the future aspirations of adolescent mothers were not explored in the studies reviewed; something the present study prioritizes.

2.10 Chapter Summary

In this chapter, I discussed relevant literature that bordered on the main purpose of the study which was to explore the experiences of support in the life transitions of adolescent mothers living in care in Portugal. The literature used included international and Portuguese literature. The literature review started from understanding the phenomenon of adolescent motherhood by highlighting the statistics and how adolescents become early mothers. Also, the chapter looked at support for adolescent mothers with emphasis on informal support and how the welfare state offers support for adolescent mothers. The case of adolescent mothers living in care was particularly discussed. Moving on, how previous literature have studied how adolescent mothers talk about their experiences of support was reviewed. Finally, the chapter reviewed literature on the multiple life transitions of adolescent mothers.

3 CHAPTER THREE - THEORETICAL FRAMEWORK

Qualitative research usually dwells on the inductive theory where theories emerge out of the research data (Bryman, 2012). However, this inductive study did not necessarily seek to generate a theory, like in a grounded theory approach, rather, the theory was used as a background to understand the scope of the study. Creswell (2014) rightly argues that some qualitative studies begin with theories that provide a structure and broad explanation for behavior and attitudes. In this vein, two main theories were considered; strengths-based approach and life course approach. The strengths-based approach explains the direction of this study and conceptualizes some findings in the study, and the life course approach provides a framework within which the understanding of the research objective was generated.

3.1 Strengths-Based Approach

Everyone has strengths (Saleebey, 2012a). Contrary to the position that ‘the strengths perspective is not a theory’ (Saleebey, 1996; Saleebey 2012), Healy (2014, p.164) refers to the strengths perspective as a theory of social work practice. The strengths perspective first emerged among professionals (Dennis Saleebey, Sullivan & Charles Rapp, Anne Weick) in North America practicing in mental health contexts, mainly with people diagnosed with severe and chronic psychiatric conditions (Saleebey, 1996; Healy, 2014). The strengths-based approach was developed as an opposition to the problem-focused orientation to social work practice which emphasizes the challenges and pathologies of service users. The approach takes a new turn by finding solutions that draw on people’s strengths, resources, possibilities, competencies, their hopes, and dreams for the future (Saleebey, 1996; Healy, 2014). The strengths-based approach, thus, emphasizes optimism, hope, and creativity in service users with the viewpoint that effective responses to life challenges do not require a detailed understanding of problems (Saleebey, 2012a), rather, gaining a comprehensive understanding of people’s strengths, the successes they are already having over their problems, the hopes and dreams they have for their future or the solutions they envisage to their problems (de Shazer, cited in Healy, 2014).

3.1.1 Support as a strength

The strengths approach is about ensuring that the often-overlooked resources and resourcefulness of individuals, families, and communities are not disregarded but are part of a serious assessment and a vital framework for understanding and helping (Saleebey, 2012c).

The present study generally conceptualizes support as a strength. Confirming Saleebey’s (1996) argument that social work was fixated with finding faults, Klerman (1993, p.557) mentions that “research on adolescent pregnancy was originally dominated by psychologists and social workers who looked for and found, psychodynamic problems”, with little focus on the positive aspects of adolescent motherhood. Strengths may entail a lot of things depending on the condition and context; however, the capacities, resources, and assets of people remain the common things that make up their strengths (Saleebey, 2012b). Resources may include formal/institutional resources and informal systems/social support networks and associations of individuals, families, and groups, the social circuit of peers who provide support (ibid.). Also, Saleebey (2012a) identifies caring, caretaking, and the context within which care occurs as essential to a strengths perspective. Thus, how care counts as a strength to adolescent mothers is of particular interest to this study. The strengths-based approach is suitable for this study because, according to Healy (2014, p.173), it

“stresses the importance of social support for achieving resilience and enhancing the quality of life.” Thus, support is a resource that people draw in times of difficulty. Using a strengths-based approach for this study means the research emphasizes more on the experiences of support and not the difficulties of adolescent mothers. Moloney et al. (2011) found that the experiences of social support enable adolescent mothers to develop resilience, which is a strength. Also, this study’s objective to identify the future expectations of support reflects a strengths-based focus, because, the participants were able to describe their hopes for the future (Saleebey, 2012b; Healy, 2014). Therefore, the strengths-based approach ensured that by interacting with the researcher, the adolescent mothers were able to identify and understand their strengths through their experiences of support in their life transition. This collective understanding makes the exploration constructionist and interpretivist.

This study explores the past experiences of support of adolescent mothers, something that is quite tangential to the strengths perspective. Because the strengths perspective is skeptical about how past misfortunes may be misconstrued or sensationalized to mean that they impact present happenings – leading to the error of attribution (Saleebey, 2012c, p.280). Being conscious of the above and to address this lapse, the present study situates the discussion on the past resources (strength), other than misfortunes of adolescent mothers, and how these might have impacted their decision making prior to motherhood.

3.2 Life Course Approach (LCA)

The life course perspective emerged over the past 50 years as a major perspective in social science, with the works of Elder (1974) prominently contributing to its birth. Life-course is made up of the sequence of socially defined events and roles that individuals enact over time (Giele & Elder, 1998). “Life course theory and research alert us to this real world, a world in which lives are lived and where people work out paths of development as best, they can. It tells us how lives are socially organized in biological and historical time, and how the resulting social pattern affects the way we think, feel, and act” (Elder, 1998, p.9). This means, to understand people’s lives, their history, the sequence of significant events, experiences, transition, and turning points must be explored. The LCA was strategically selected for this study to provide a framework that guides the study on matters of problem identification and conceptual development (Elder, 1994, p.5).

Drawing from the life course approach, Elder (1998, p.6) suggests that adolescents’ transition to motherhood “can be viewed as a multiphasic process in which each phase is linked to a choice point”, therefore their lives are in motion with multiple transitions. By so doing, how occurrences in early life affect the present and future lives of young mothers will be understood. Also, this ensures that we move away from understanding the lived experiences of teenage mothers as one transition, and not miss out on other important aspects of their life which may inform preventive intervention along the life course (Elder, 1998). Considering that teenage motherhood is caused by the specific sequence of events including young mothers’ choices on premarital sex or not, contraception or not, abortion or not; after birth decisions and later life experiences; a full understanding of their lives will be acquired through linking these separate stages into a broader perspective (Elder & Rockwell, 1978, p.5), in this case, the LCA.

Four main themes are central to the life course approach: the interplay of human lives and historical times, the timing of lives, linked or interdependent lives, and human agency in choice-making (Elder, 1994).

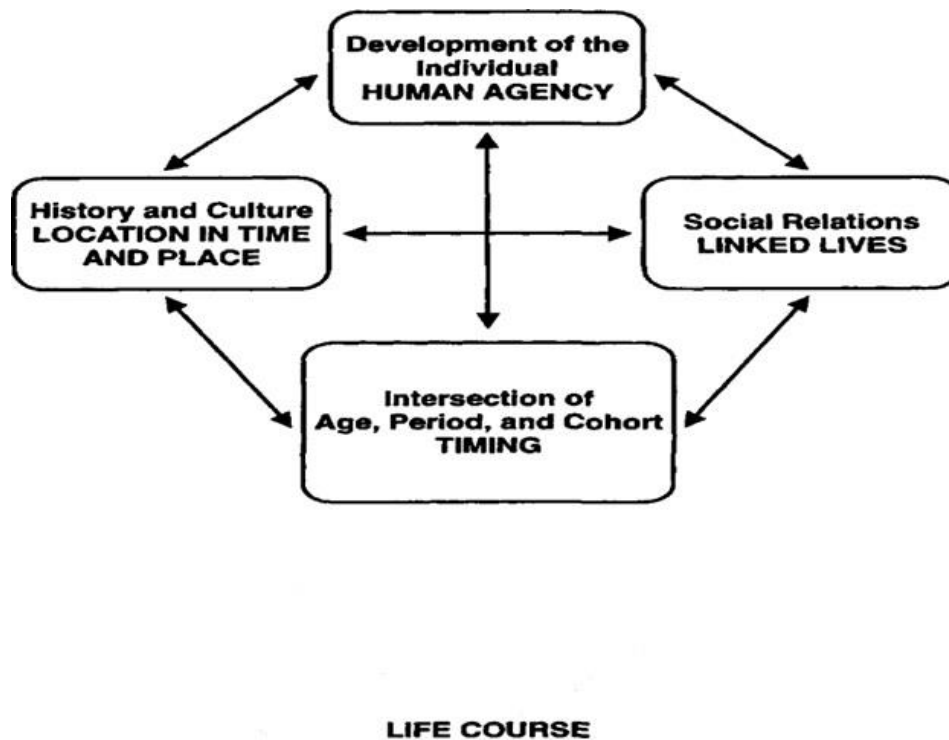


Figure 2: The Life Course Themes (Giele & Elder, 1998).

3.2.1 Historical time

Historical time orients us to the past experiences of individuals and how these experiences may affect them in their later life. Elder (1998) argues that the historical time and place of events shape the life course of individuals. In his original study, Elder used cohorts, who were a group of persons born at the same historical time and experienced particular social changes (Hutchison, 2010), as a proxy to elaborate the exposure to historical time. The past experiences of adolescent mothers as discussed above is characterized by lack of support, social exclusion, lack of sexual education, poverty among others. Therefore, the LCA enables this study to explore the experiences of support of adolescent mothers prior to motherhood, and how that influenced them to become pregnant.

3.2.2 The timing of lives

The timing of lives captures that particular roles and behaviors that are expected of particular age groups. Elder (1998) talked about age norms and how particular events may be ill-timed/off-timed or on-timed. Particularly, teenage childbearing in most places is considered as ill-timed and teenage mothers get sanctioned for that. Hutchison (2010) however, mentions that teenage motherhood is seen as on-time in many preindustrial societies. Therefore, understanding the developmental impact of events in adolescent mothers' life transitions is contingent on when they occurred. Thus, for this study, the moments the adolescent mothers experienced support in their life transitions are explored to generate an understanding of the developmental impact of support.

3.2.3 Linked lives

Human beings are social beings who inter-depend and interrelate among themselves. The principle of linked lives refers to the interaction between the individual's social worlds over the life span (Elder, 1994). Thus, the networks of shared human relationships are the media through which social and historical influences are expressed (ibid). Relevant to this study is that support is realized

through the linked lives of people. Extant studies (Richardson, Barbour, & Bubenzer, 1995; De Jonge, 2001; Bunting & McAuley, 2004; Yardley, 2009; Ngum Chi Watts et al., 2015; Bermea et al., 2019) have revealed that adolescent mothers experience social support, partner support, peer support, group support among others. Another interesting aspect of linked lives is highlighted by Hutchison (2010, p.36) that “lives are also linked in systems of institutionalized privilege and oppression”, therefore, this study generates an understanding into how privileged or underprivileged adolescent mothers are in relation to their social ties and support.

3.2.4 Human agency

Among the historical and social circumstances that affect human lives, individuals construct their life course through the decisions they take (Elder, 1998). The agency of human beings is, thus, reflected in how people consciously plan and make specific choices within their life course. Relating human agency to adolescent motherhood, some young mothers plan their births whereas others do not (Sedgh et al., 2015), and usually those who do not plan their births end up facing dire consequences. One important thing to consider in a human agency is the knowledge base and how informed the individual is on a subject matter to be able to exercise their agency judiciously. In this vein, informational support is useful to enhance and boost the human agency of young mothers. Formal support services provide advice and informational support to young mothers (McLeod et al., 2006; Yardley, 2009), however, such support would be more useful when provided throughout the life course of young women, especially prior to motherhood. For instance, the participants in Roberts et al. (2011) recommended the need for a broader sexual education, which is largely informational support, that is delivered by young people themselves through sharing their own experiences.

3.3 Chapter Summary

This chapter mainly discussed two theoretical frameworks which guided the conduct of the study. Thus, the strengths-based approach and the life course approach. The two theories provide the approach of the study and conceptualization of the findings of the study. In this chapter, I discussed how the theories were applied in the findings of the study.

4 CHAPTER FOUR - METHODOLOGY

This chapter discusses the research approach and design that were used to explore the experiences of support in the life transitions of adolescent mothers living in care. The chapter outlines the strategies employed in conducting this research, how the research participants were selected, the category of participants who were selected, the epistemological and ontological position of the study, the overall research design that guided the study, the data collection and analysis strategy, the ethical issues, the trustworthiness, and authenticity assessment of the study and the limitations of the study.

4.1 Literature search technique

As McGinn et al. (2016) mention that literature searching may include hand-searching, searching of trials, registers, or consultations with experts, however using electronic databases is suitable for evidence-based practice in social work. For this study, the general question for the literature search was “how do adolescent mothers experience support in their life transitions?” The following databases produced relevant search results for this study: ProQuest Sociology Collection, PsycINFO, and PubMed in the University of Gothenburg online library. The research formula made use of the Boolean algebra (OR, AND, NOT) to link concepts. I developed search terms to represent the concept groups (McGinn et al., 2016). The terms were, (“adolescent mothers” OR “teenage mothers” OR “young mothers” AND “experiences” OR “encounters” with support in their life transition). Also, another search was conducted for (adolescent mothers’ “transition to motherhood” AND “transition to adulthood”). Finally, a search was conducted on (support for adolescent mothers in “residential care” OR “institutional care” OR “formal support”). Sociology Collection (Relevant results = 10) PsycINFO (Relevant Results = 7), PubMed (Relevant Results = 4), making 18 relevant results with 3 articles repeating in other journals. After locating the first set of literature, subsequent literature was found through reading the first set of literature and following up on related literature.

4.2 Sampling

This study used purposive sampling technique to select participants. This technique was most suitable because the study specifically sought to investigate adolescent mothers who were, as at the time of the interviews, living in a care facility. Bryman (2012) notes that purposive sampling enables the researcher to sample participants strategically so that the sampled participants are relevant to the research questions for the study. Thus, purposive sampling enabled me to specifically select participants who were adolescent mothers and living in a care facility, since the study sought to study their lived experiences of support.

4.2.1 Study site

Creswell (2014) explains that qualitative studies are conducted in the natural settings of the research participants, that is, where they experience the issue under study. To ensure confidentiality and protect the participants from the risk of harm that may result from this study, the name of the organization where participants were selected for this study has been anonymized. Therefore, in this study, the name of the organization is hereafter referred to as “The Organization”.

Generally, the study was conducted in the district of Lisbon, the capital city of Portugal. In terms of district representation, the Lisbon district hosts the highest number of children placed in the care system, 1,315 children out of the 7,032-total number of children in care. Concerning social response

for adolescent mothers within the care system, the Lisbon district remains the district with the highest representation. Overall, there are 18 CAVs in Portugal that provide support in the areas of attendance services, follow-up, and housing for mothers in vulnerable situations (see *title 2.7* for elaboration). Out of the eighteen (18) CAV, the Lisbon district has the highest, seven (7).¹⁰ It is therefore not surprising that a lot of studies concerning children and young people in the care system are situated in the Lisbon district. Two (2) of the CAVs in Lisbon provide residence for a fixed period to adolescent mothers in vulnerable situations. The Organization is one of the 2 CAVs in the Lisbon district that provide residence to adolescent mothers as part of the care.

Table 3: Representation of Life Support Centers (CAV) within the district of Portugal

District	Number of CAVs in District	Total Users
Braga	1	17
Coimbra	2	252
Faro	1	20
Guarda	1	12
Leiria	1	11
Lisbon	7	184
Porto	1	24
Setubal	3	66
Vila Real	1	10
Total	18	596

Source: Carta Social (2020)¹¹

Therefore, for convenience, participants were only selected from The Organization. The Organization is a non-governmental organization located in Lisbon, Portugal. It promotes social inclusion, supporting people in disadvantaged situations through empowerment and positive learning approaches to empower them to fight against helplessness, enlarge self-determination, autonomy, and the use of citizen’s rights and duties. The Organization works particularly with young women and families in situations of risk, especially young pregnant mothers and their children. The Organization works to promote a holistic support system that provides “Person-driven Integrated Services” to adolescent mothers to enable them to face early pregnancy/motherhood and later life situations through its personal, social, and vocational development center. Also, key among the provisions of The Organization is a residence facility, which is under-one-roof housing for adolescent mothers and their babies, and a daycare center for the babies. As at the time of the interviews, The Organization hosted six (6) young mothers with their 8 children, making it 14 people in the reception. Apart from the adolescent mothers and their children in the residential facility, The Organization supports 35 other clients in the community. Also, The Organization performs social intervention in other areas like promoting youngsters’ healthy lifestyles in a school context or facilitating personal, social, and vocational qualification of

¹⁰http://www.cartasocial.pt./index2.php?filtrar=hidden&foco=cb_distrito&cod_distrito=0&cod_concelho=0&cod_freguesia=0&cod_area=3&cod_valencia=3106

¹¹ <http://www.cartasocial.pt./index.php>

young offenders' as a path to their autonomy and self-responsibility on returning to their communities.¹²

It is important to mention that before this study I had a prior engagement with The Organization. In November 2018, I, along with three (3) other classmates were assigned to The Organization for our social work field placement course. The field placement lasted for four (4) days, 5th – 8th November. The field placement mainly entailed observation and interaction with staff about the operations of The Organization.

The Organization was strategically chosen as a study site for this study because they provide exclusive residential care as part of the support for adolescent mothers, who this study sought to investigate. This purposive selection was important because the CAV system under which The Organization operates does not only target pregnant and puerperal adolescent mothers, but all pregnant and puerperal mothers who are in situations of extreme vulnerability. Moreover, the residential facility that The Organization provides to the young mothers, made the participants readily available for interaction and research, something the other organizations did not have. However, a potential disadvantage is that sampling participants from the same organization could affect the responses, thus, participants may give the same response. This study self-controlled the potential disadvantage through the in-depth interview approach which explored each participant's life in different transitions. Thus, apart from their common experiences of being in care together, each participant had a different account for their past life and a different account for their future transition into independent living.

4.2.2 Access to The Organization

Due to my prior engagement with The Organization, I had a contact there. Firstly, I sent an email to The Organization to introduce the research and request to appear in-person. The Organization consented to be part of the study by allowing me to conduct the study within its premises. Secondly, I visited The Organization in-person to physically introduce the research. I printed a copy of the research proposal for my visit and explained the study to the staff. Thirdly, I drafted an introductory letter with the authority of my host university – ISCTE-IUL and signed with my research supervisor. A copy of the introductory letter was sent to The Organization. The details of the research proposal and the introductory letter did not only include aspects of the study but also included; who was sponsoring the study and for what purposes, the means of dissemination, likely effects, and possible risks and harm to them (Homan, 1992).

4.2.3 Study Population

The study mainly focused on young mothers who gave birth to their first child as adolescents from the ages of 11-19 years. Adolescent girls' (11-19 years) live births in Portugal stands at 2,077 for the year 2019, showing an increase the 2018 figure of 2,028 (Statistics Portugal, 2020)¹³.

Specifically, adolescent mothers who were, at the time of the study, living in a care facility were generally targeted as the study population from which participants would be selected. Per the Casa 2018 report, out of the 7,032 children and young people who were placed into different reception centers in Portugal, 78 consisted of pregnant and puerperal adolescent women who were specifically placed by a promotion and protection order into the CAV (Macedo et al., 2019).

¹² <http://www.humanus.pt/>

¹³ https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&indOcorrCod=0001541&contexto=bd&selTab=tab2

The study investigated adolescent mothers who were living in the care facility of The Organization with their babies. My motivation to only study adolescent mothers who lived in the care facility was to contribute to the scant literature on the population of adolescent mothers who are placed into care because they became pregnant or mothers.

4.2.4 Sample size

The issue of sample size is a debated issue in qualitative methods because qualitative methods usually rely on small sample sizes, unlike quantitative. Thus, in a qualitative study, the focus is more on the quality of the text and image data whereas quantitative studies look at quantifying data. This study does not seek to generalize results but to elicit and deepen understanding of the lived experience of the adolescent mothers. Therefore, for this qualitative study, 5 adolescent mothers were sampled as participants from The Organization. All the six (6) young mothers within The Organization were interviewed as participants for the study. However, only the data from 5 participants were used for the data analysis. One participant's data was rejected because, during the interview, it was revealed that she had her first child above the age limit (11-19 years) set for this study. She first became pregnant at age 18 however, she suffered an accidental abortion and could not have the baby. She later became a mother at the age of 20.

Also, in justification of the seemingly small sample size, other previous studies about adolescent mothers have also used small sample sizes, yet the richness of their data and analysis could not be lost in their report. For instance, Haight et al. (2009) studied 3 adolescent mothers in care in the USA; Maxwell et al. (2011) studied 6 adolescent mothers in the UK; and Shea et al. (2016) studied 5 young mothers in Australia. Also, in Portugal, Fonseca et al. (2012) studied the life histories of three pregnant and teenage mothers.

4.2.5 Participants

The participants were made up of adolescent mothers who were receiving support at The Organization and had been in the care facility for more than 6 months before the interviews. All five (5) participants interviewed were mothers who gave birth to their first child as adolescents. Specifically, the ages of participants as at the time they gave birth to their first child ranged from 15 – 18 years. Extant studies have also investigated adolescent mothers who were within the age brackets of 13-19 years (Unger & Wandersman, 1985; Yardley, 2008; Maxwell et al., 2011; Ngum Chi Watts et al., 2015).

4.2.5.1 Access to the Participants

After I visited The Organization to explain the research plan to the staff members at The Organization, the staff members in turn introduced the project to the adolescent mothers. They further communicated to me that all the adolescent mothers have consented to participate in the study. I then planned another visit to The Organization to personally introduce the project to the adolescent mothers and request their consent. Unfortunately, that personal meeting could not happen, due to the COVID-19 pandemic and the national restrictions. As an alternative, I submitted the consent forms via electronic (email) means to the adolescent mothers to sign, which they did. Therefore, prior to the interviews, I could only access the participants through electronic means prior, during and after the interviews.

4.2.5.2 Demographic information

In all, the data from five participants constituted the findings of the study. Apart from the original names of the participants that have been anonymized into pseudonyms, all other information as

presented in *Table 2* about participants is the exact information I collected. The five participants had seven children; *Sonia and Diana* had two children each and the other participants had one child each. The findings show that none of the participants was married at the time of the interviews. All the participants were single, hardworking adolescent mothers; two – *Silvia* and *Ana* were concurrently working and studying, two – *Sonia* and *Diana* were only working and one – *Marta* was only studying. From a preliminary data (Profile) that was accessed from The Organization, all the adolescent mothers were placed through the promotion and protection order by the court in line with the CAV’s provisions. *Table 2* below provides details of the demographic information of participants.

Moreover, I identified that *Marta* had a different legal age and a different real age. According to her, her legal age is an error that occurred when she arrived in Portugal and had to register her biographic details. In the absence of her father, her father’s friend registered the wrong date of birth by reducing her age by 5 years. Thus, during the time of the interviews, *Marta’s* real age was 22 years. It is important to point out that this confusion did not affect *Marta’s* inclusion as an adolescent mother because, as at the time she gave birth to her first child, she was 18 years qualifying her for the study. In the end, this study used the legal age of *Marta* for the analysis.

Table 4: Demographic representation

NAME	AGE AT BIRTH OF FIRST CHILD	AGE AT THE TIME OF INTERVIEW	NUMBER OF CHILDREN	MARITAL STATUS	EDUCATION / WORK	CARE PLACEMENT
			AGE			
Sonia	18	23	2	Single	Only Working	Placed by CPCJ with Promotion and Protection
			4 years; 2 years			
Marta	13	17	1	Single	Only Studying	Placed by Court order with Promotion and Protection
			4 years			
Silvia	15	17	1	Single	Studying and Working	Placed by CPCJ with Promotion and Protection
			1 year			
Ana	15	19	1	Single	Studying and Working	Placed by Court order with Promotion and Protection
			3 years			
Diana	15	19	2	Single	Only Working	Placed by Court order with Promotion and Protection
			3 years; 2 years			

4.3 Methodological choices

4.3.1 The epistemological and ontological approach

Creswell (2014) addresses epistemology as the process of “knowing what we know”. The epistemological position for this study was interpretivism because the study is qualitative and sought to generate an understanding of how adolescent mothers experience support in their life

transition. Bryman (2012) asserts that the emphasis of interpretivism is on the understanding of the social world, by examining the meanings the people who live in that world give to their experiences. Therefore, through the interpretivism epistemology, I examined the meanings and explanations that adolescent mothers gave to their experiences of support; prior to motherhood, in their transition to motherhood and their future transition into independent living. Also, adolescent mothers' explanations of how they managed their challenges through support were interpreted to generate an understanding of their world.

Creswell (2014) identifies ontology as representing the “nature of reality”. My ontological position was constructionist. Here, I and the participants constructed the understanding from the data collected through the interview process. Constructionism posits that social properties result from interactions between individuals rather than the phenomena ‘out there’ that is outside of those involved in its construction (Bryman, 2012). For instance, instead of only focusing on what support is provided to adolescent mothers, this study focused on how adolescent mothers experience support, making it more subjective. Support could be classified as a phenomenon ‘out there’ however the ‘experience of support’ portrays the lived reality of participants. Therefore, understanding adolescent mothers' experiences of support was best generated through the meanings they attached to those experiences, expressed in interactions with the researcher.

In sum, the constructionist ontology guided this study's approach to understand how adolescent mothers explain their own lived experiences of support in their life transitions whereas the interpretivism epistemology guided my examination and interpretation of how adolescent mothers constructed meanings to their experiences of support in their life transitions. In line with the above, Järvinen (2000) asserts that the meaning-making processes should be pursued as a collaboration between researchers and participants.

4.3.2 Research design

The research design shows the type of inquiry and provides the framework within which the research is conducted (Bryman, 2012; Creswell, 2014). This study used a qualitative research design. The qualitative research design was the best choice because this study sought to explore the lived experiences of support in the life transitions of adolescent mothers living in care in Portugal.

This qualitative research design was more exploratory. With little known about the population, an exploratory approach enabled me to build a deeper understanding of their lived experiences (Creswell, 2014, p.61). Creswell (2014) identified that exploratory qualitative studies begin with questions like “how” and use verbs like ‘explore’, ‘understand’ or ‘discover’, as can be seen in my research questions. Thus, the exploratory approach enabled this study to understand how the adolescent mothers living in care experience prior to motherhood, how they experienced support in their transition to motherhood. Moreover, how adolescent mothers have managed their challenges through their experiences of support was explored. Finally, the exploratory approach enabled this study to identify what support adolescent mothers expect in their future transition into independent living and the approach enabled illumination of adolescent mothers' life aspirations.

4.3.3 Data collection methods

To answer the research questions, the study used semi-structured interviews. Bryman (2012) explains that semi-structured interviewing is an inductive approach that enables researchers to be open-minded and flexible about the facts yet to be known and allows data to emerge from participants' responses. This inductive approach enabled me to identify from the accounts of

participants, the support adolescent mothers experience; prior to motherhood, during the transition to motherhood, how they managed their challenges through support and their future expectations of support. During the interviews, I did not assume competence or incompetence for participants rather I approached the meaning-making process in collaboration with the participants (see Järvinen, 2000).

4.3.4 Semi-structured interviews

Bryman (2012) describes semi-structured interviews to entail the interviewer not limiting the frame of questions but asking a series of general questions about specific topics. The semi-structured interviews used made this study flexible in the way that data was collected; by responding to the direction in which the participants took the interview. Considering that the study topic touches on a sensitive issue, the flexibility in semi-structured interviewing made participants feel relaxed and were able to address different issues. The participants were able to reflect and give wide-ranging answers about their experiences of support without deviating from the main topic.

Concerning language, the Portuguese language was the main language of participants even though some of them could speak and understand a little English language. Therefore, the interviews were conducted in the Portuguese language to enable participants to freely express themselves and to get rich data. Since I am not proficient in the Portuguese language, I recruited a research assistant for the interviews (*see title 4.3.4.2 Use of Research Assistant*).

An interview guide was designed for the interviews. The interview guide contained the interview questions that had been generated from the specific research questions. The interview questions were open-ended questions designed around specific topics. The interview guide served as memory prompts of the research areas to be covered in the interviews (Bryman, 2012). On average, each participant was interviewed for fifty minutes (50 mins), with flexible breaks times not included in the time count. Each participant was asked the same interview questions in line with the research questions, however, the structure of some interview questions differed slightly due to participants' responses. This approach strengthened the open-ended nature of the interviews and made the interviews interesting and more interactive for participants. See *Appendix I* for the interview guide.

4.3.4.1 Skype video call interviews

All the interviews were conducted using Skype video call interview. Skype is a telecommunication application that facilitates social media networking through conversations. The Skype application is built for one-on-one and group conversations, with options for messaging, voice, and video calling¹⁴. Lo Iacono, Symonds & Brown (2016) classify Skype video calls as part of VoIP (Voice over Internet Protocol) mediated technologies. They further indicate that VoIP creates a medium for users to share voice and video across the internet through a real-time connection.

The present study initially intended to conduct face to face interviews with participants at the premises of The Organization. However, that was not possible due to the COVID-19 pandemic and its resultant social distancing in Portugal. The Skype video call interviews, therefore, served as a credible alternative to forestall any lapses occasioned by the COVID-19 for this research. For instance, Skype video call interviews eliminated the barrier of social distancing because human beings could connect virtually on the internet. This instrument has been endorsed by Lo Iacono et al. (2016) who have argued that despite Skype video call interviews not producing a like-for-like

¹⁴ <https://www.skype.com/en/about/>

effect when compared to face to face interviews, it presents a viable alternative to collect qualitative research data.

All the interviews were jointly done by me and the research assistant, even though the research assistant did the interrogation. Therefore, three people (the researcher, the research assistant, and participant) were involved in each interview session. The decision to be present in the interviews was meant “to enhance the researcher’s possibility to lead and control the research process” (Deane & Stevano, 2016, p.218). The interviews were conducted between March and April of 2020. To ensure uniformity, one staff in The Organization volunteered a laptop computer that had the Skype application installed on it, to be used by all the participants. This was useful because most participants in this study were not conversant with using the Skype video call application and did not have it installed on their telecommunication devices, except one. Lo Iacono et al. (2016) equally found in their study that younger participants did not understand the workings of the Skype video call application compared to the older ones. The Skype application enabled me to record all the video interviews with all parties captured in the recording.

Using the Skype video call interview was beneficial because it removed nervousness and shyness from participants that might have been the case in a face to face interview, considering that the research topic is a sensitive one and I am of the male gender. Thus, participants were able to speak without looking into my eyes or the eyes of the research assistant (Lo Iacono et al., 2016).

4.3.4.2 Use of research assistant

A research assistant was recruited for this study. Being a basic user of the Portuguese language, it became necessary that I recruit a research assistant who was proficient in Portuguese. The research assistant enabled the communication gap between me and the participants to be bridged. Mainly, the research assistant’s role in this study involved assisting with data collection and transcription of the data into the original language, Portuguese. The research assistant was carefully selected as a student who had a social work background and was experienced in data collection. The research assistant, who is a social work student from my university, was selected based on the recommendation from my research supervisor.

The research assistant was trained in the subject and focus of the study throughout the research process. The training was done in face to face meetings between me and the research assistant. In addition to the training sessions, the research assistant was invited to join the research seminars where I shared the progress of the research with research supervisors, experts, and colleagues. These processes made the research assistant very involved and familiar with the research project. Also, at the end of each interview session, I held a debriefing with the research assistant about the outcome of the interview and how it could be improved in the next session. The debriefing entailed asking the research assistant what participants had said, and how she interpreted what she had been told (Deane & Stevano, 2016).

4.3.5 Data Analysis

According to Bryman (2012) data analysis involves the process used by the researcher to manage and interpret the data. The data analysis for this study entailed; data transcription, data translation, data immersion, coding, and generating themes.

The recorded Skype video call interviews, specifically the spoken words, from the interviews were transcribed. For this study, the research assistant was responsible for transcribing all the video recordings and I assisted with transcribing one interview. The transcriptions were done in the

original language, Portuguese, that was used to conduct the interviews. The transcription took a denaturalized approach since the study purposely intended to only capture participants' experiences of support, as such requiring unblemished data (Mero-Jaffe, 2011). Facial expressions, stutters, emotional outpours were not captured as part of the transcripts, rather, they gave context to participants' experiences. After transcribing the video record into the Portuguese language, I translated all the transcripts from the Portuguese language to the English language. The *DeepL translator software*¹⁵ was used to translate the texts from the Portuguese language to the English language. Copies of the translated transcripts were shared with the research assistant to crosscheck for accuracy.

4.3.5.1 Thematic analysis

Braun and Clarke (2006, p.79) assert that thematic analysis involves “identifying, analyzing and reporting themes”, in line with the research topic. My choice of thematic analysis was because it ensures flexibility by not essentially depending on theory or epistemology, rather, it can be deployed in different theoretical and epistemological approaches (Braun & Clarke, 2006, p.78). Moreover, since my objective was to explore the experiences of support in the life transitions adolescent mothers living in care, it suited more in the essentialist/realist epistemology of thematic analysis – which focuses more on reporting participants' experiences, meanings and realities (ibid.).

After transcribing and translating the data I immersed myself into the data. Immersion here means that I read the data severally and thoroughly and became familiar with it. As I read the data, I made some notes of common patterns seen in the data set. After getting grips on the data, I uploaded it into the Nvivo software for coding to begin. Nvivo is a software that provides a platform for the organization and analysis of qualitative research data. Thus, I entered the coding phase with a general idea of what the data say. Using Nvivo, I was able to highlight and categorize common patterns into nodes. Once I uploaded the data into Nvivo, I was able to re-read the transcripts in the software, thus, going back and forth with the data and coding was flexible. *Figure 3* shows the word cloud of the data from which initial codes were identified. The data analysis was more inductive than theoretical because the coding of data was not done to be fitted into preconceived themes, rather, the themes emerged from the data, in a bottom-up approach (Braun & Clarke, 2006). This is not to infer that the data analysis was done in a theoretical or epistemological vacuum (ibid.). The literature review and theoretical framework largely informed what angles and patterns to focus on in the analysis.

Figure 3: Nvivo word cloud of the dataset

¹⁵ <https://www.deepl.com/en/translator>

2. Family relationship	a. Family relationship breakdown b. Family presence	i. Parents' refusal to care for pregnant adolescent mothers ii. Insufficient family support iii. Vulnerability and going into care because of insufficient support iv. Family presence while in care; provision of material and emotional support
3. Institutional Support	a. Childcare assistance b. Helping hand c. Relationship between adolescent mothers	i. Supervision from care staff ii. Child material needs provision iii. In-house daycare service iv. Care environment v. Assistance from professionals and technicians vi. Shared experience and mutual living
4. Social support	a. Partner involvement b. Friend's support	i. Financial, emotional, and material support ii. Partner's communication with child, visits, caregiving iii. Significant others acting as partners iv. Friend's visiting and communications
5. Strengths	a. Maternal role competence c. Ability to combine roles d. Ability to satisfy needs e. Willpower	i. Knowing to give care to babies ii. Doing things on their own despite the availability of support iii. Reconciling mother's education, employment, and caregiving iv. Having basic needs for self and children like accommodation, food, diapers, and being able to satisfy own needs v. Using inherent strength in difficult times
6. Future expectations of support	a. Desire to transition into independent living b. Accompaniment c. Hopes – Education, Employment, Accommodation, Plans for children	i. Maturity, personal freedom and privacy driving the desire to transition into independent living ii. Someone to guide them in their transition out of care iii. Hopes for education: going back to school, going to college iv. Hopes for employment: getting a stable job, dream job v. Expectations for state housing, family support to get house and dreams to own a house vi. Childcare: getting a babysitter and a better future

4.4 Ethical considerations

As explained in the introduction, adolescent motherhood has been a subject of public concern with policymakers, and researchers tagging it as a social problem and public health concern. This backlash has made the issues of adolescent mothers a sensitive one, requiring high ethical standards to investigate them. Hammersley and Atkinson (2007) contend that the knowledge production goal of any research should not trump the ethical standards that must be adhered to. Mainly, this research adopted an open method approach, where, from the onset participants were informed about ‘the motives of the study, who is sponsoring, purposes, means of dissemination, likely effects, and possible risks and harm’, to them (Homan, 1992). To satisfy the ethical considerations, this study drew from the ethical principles in Bryman (2012) and the Global Social Work Statement of Ethical Principles¹⁶. Specifically, the following ethical issues were considered for the study; ethics of using a research assistant, informed consent, invasion of privacy, and harm to participants.

4.4.1 Ethics of using a research assistant

Deane and Stevano (2016) have argued that disregarding the influence that research assistants have on the research process leads to a biased research outcome. Knowing the power relations between the researcher, research assistant and participants promoted the reflexivity of this study. Therefore, it was important to recognize the role of research assistants in the research process, concerning ethical issues, power relations and how the research assistant “recasts relations between the researcher and participants” (Deane & Stevano, 2016, p.217). Three power relations have been identified by the authors concerning the use of research assistants:

4.4.1.1 Relations between the researcher and research assistant

The relations between the researcher and the research assistant was an academic relation and not labor. Thus, as I conducted this study in partial fulfillment of my master’s degree, the research assistant was also recruited as part of her academic endeavor to gain first-hand practical experience in conducting field research. Deane and Stevano (2016) argue that labor relations may raise questions and challenges as to the ownership of the research, especially considering issues to do with fair wages, conforming to ethical standards, among others. The academic relation between myself and my research assistant made it a win-win situation for both of us and offset any employer-employee power tension. The relations were more of a mutual learning experience for me and my research assistant.

4.4.1.2 Relations between the researcher and participants

Deane and Stevano (2016) point out that research assistants may mediate the relations between the researcher and the participants, for instance on gender, language and nationality, which may have implications on the accuracy of information participants may share on sensitive subjects. Being a male, not proficient Portuguese language speaker and non-Portuguese, there were potential challenges to my relations with the participants. However, due to my previous field placement in The Organization I was known by most of the participants. This meant that I was not a stranger to the participants, which otherwise would have strained the relations. Despite having different nationalities, many of the participants were of my race which could have also been a mitigating factor to our relations.

¹⁶ <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/>

4.4.1.3 Relations between the research assistant and participants

As mentioned above, my research assistant for this study was female. The decision to recruit a female research assistant was necessary because of my male gender, language, and nationality which could have hampered the quality and depth of participants' responses. Therefore, the female research assistant played the role of mitigating and neutralizing the gender and nationality imbalance and being the mouthpiece between me and the participants. To avoid any power tension or confusion in the minds of the participants, I instructed the research assistant to always remind the participants before the start of each interview what her role in the research was and point to participants who the researcher was.

4.4.2 Informed consent

Lack of informed consent is the most hotly debated social research ethic (Bryman, 2012). Being aware that consent may be induced or controverted, I did not only regard the consent of the authorities in The Organization, but I also requested to personally speak to the adolescent mothers individually whose experiences I sought to investigate. This approach was informed by the social work principle of promoting the right to self-determination (Principle 4, IFSW)¹⁷ of the adolescent mothers. Self-determination states that social workers must promote people's rights to make their own choices and decisions. However, unfortunately, I could not personally meet the adolescent mothers physically. That notwithstanding a detailed consent form explaining their rights as participants were designed and sent to the adolescent mothers in the Portuguese and English language, for those interested in the study to sign. All the mothers within The Organization signed the consent forms. Bryman (2012) explains that consent forms are advantageous since they express the nature of the research and its implications from the onset and document the official agreement of participants to be part of the research. Moreover, the participation of the adolescent mothers in this study was voluntary, and I did not give any reward to entice them to participate (see Homan, 1992). They were made to know from the onset, in the consent forms, that they will not be remunerated for being part of the study (Deane & Stevano, 2016).

4.4.3 Invasion of privacy

Before the interviews, I spelled out the privacy issues with participants. Participants were informed beforehand that they have the right to answer or skip any questions that may lead to them revealing very private matters. After it became apparent that the face to face interviewing method could not be done due to COVID-19, participants were informed through the authorities of The Organization, that the alternative interviewing method was Skype video call, which they agreed to. The issue of recording the interviews raises privacy concerns. This was resolved through seeking the consent of each participant in each interview if they were comfortable with the video recording. Again, all the participants agreed to the method. Also, participants were assured that the video content would be deleted from the Skype application as soon as I saved a copy, minutes after each interview. Another ethical challenge had to do with conducting the interviews on the computer of a staff member within The Organization. Concerning this, the staff member on whose computer the interviews were conducted was instructed to delete each interview record from the computer after each interview was done. It is important to mention here that the staff member did not participate in any of the interviews apart from just volunteering a computer to the participants.

¹⁷ <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/>

4.4.4 Harm to participants

The British Sociological Association's (BSA) *Statement of Ethical Practice* entreats social researchers to “anticipate, and to guard against, consequences for research participants which can be predicted to be harmful”¹⁸, and “to carefully consider the possibility that the research experience may be a disturbing one” (Bryman, 2012). A key principle in preventing any potential harm to participants is confidentiality. This research shall keep the data that has been generated from participants confidential. Confidentiality is an important ethic in social work which states that social workers must protect the information of clients without leaking it to third parties unless there is a risk of harm to the client's self, to others, or other statutory restrictions (Principle 6, IFSW)¹⁹. Pittaway, Bartolomei, and Hugman (2010) recall that confidentiality is necessary since it ensures that the identities and information of participants are protected. Participants' identities and any details like; the names of participants, names of their babies, names of countries, the name of the care institution have been anonymized in this study. This will prevent anyone from tracing the identities of participants that may lead to harm to them.

4.5 Trustworthiness and authenticity

Trustworthiness and authenticity are adapted measures of the validity and reliability criteria in assessing the quality of research (Lincoln & Guba, cited by Bryman, 2012). Originally, validity and reliability are criteria for assessing the quality of quantitative research, however, these measures have become increasingly relevant in the field of qualitative research. Bryman (2012) for instance has argued for the incorporation of validity and reliability measures in qualitative research other than downplaying its essence to the quality of research. On trustworthiness, Lincoln and Guba (cited in Bryman, 2012) identified four main criteria that assess the quality of qualitative research – credibility, transferability, dependability, and confirmability. Within Lincoln and Guba's four main criteria, I have integrated Creswell's (2014) eight primary strategies that explain the validity of my qualitative research: triangulate, use member checking, use rich and thick description, clarify the bias of the researcher, present negative or discrepant information, prolonged time, peer debriefing and external auditor.

4.5.1 Credibility

The credibility of the findings relates to researching in a manner that befits good and acceptable standards. The findings of the present study are credible because the data collection was done within ethically acceptable standards. I used an open methods approach and disclosed to the participants the intent of the study, how research results were to be disseminated, and who was sponsoring the study. Also, the credibility of the findings relates to member validation and triangulation. For this study, I shared copies of the findings with some of the participants for validation. During this process, participants were free to make comments and ask questions about the findings. Creswell (2014) points out that to determine the accuracy of the qualitative findings, the researcher may take the final report, major findings, or themes back to participants to determine whether they feel that they are accurate. Another way of ensuring the credibility of the findings is through triangulation which involves using several sources of data in the study and crosschecking findings (Bryman, 2012; Creswell, 2014). By way of triangulation, the present study assessed the profile documents of participants from The Organization to confirm their demographic details and

¹⁸ https://www.britisoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf

¹⁹ <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/>

family history. One key issue was resolved by using triangulation. Thus, the legal age and real age of one participant was contradictory.

4.5.2 Transferability

Transferability refers to whether the findings of the study can apply to the same or some other context. Despite the small sample size of this study, the findings of the study provide a rich account of the experiences of support in their life transitions of adolescent mothers living in care. The richness can be seen in the themes and how this study reflects the multiple life transitions of adolescent mothers – past, present, and future. Thus, transferability can be derived from three distinct stages of adolescent mothers’ experiences of support; prior to motherhood, the transition to motherhood, and transition to independent living. Furthermore, Creswell (2014) talks about resorting to thick descriptions that involve a detailed analysis of the context and providing the many perspectives that define the themes. The present study presented a nuanced perspective of each theme by reporting discrepant information too (see Creswell, 2014). For instance, under the theme – *Institutional Support*, I reported participants’ *‘desire to transition from care’* as a sub-theme. This was quite discrepant from the other sub-themes, however, I analyzed it to present a detailed and rich account of participants’ experiences.

4.5.3 Dependability

Bryman (2012) mentions that dependability refers to keeping and showing a complete record of the various stages in the research process in an accessible manner. This study has clearly outlined, explained, and motivated each of the processes involved from the statement of the problem, theoretical choices, sampling, methodological choices, epistemological and ontological choices, and ethical considerations. These clarifications are important in the sense that whoever reads this research report will not be left with more questions as to why I made certain choices and why they were the best choices. Again, all the research files this study generated have been saved electronically with a password in my google drive account, in my computer, and my flash drive. Another way this study is trustworthy is the fact that it has been reviewed by peers and external auditors (Bryman, 2012; Creswell, 2014). In the process of conducting the study, three seminars were conducted by my university where I presented the progress of the study to my colleagues, supervisor, and invited researchers. These people were able to make useful comments on aspects of the research for improvement. In addition to the seminars, I had regular engagement with my research supervisor on the various chapters of the study. Finally, the final research report was shared with three peers and one external auditor to review the work.

4.5.4 Confirmability

Confirmability involves the demonstration that the researcher’s personal values or biases have not distorted the findings of the study. This is achieved through being reflexive and open about potential biases. Creswell (2014) notes that by commenting on how your background: gender, culture, history, and socioeconomic origin, impacts the conduct of the study, you improve the validity of the study. For the present study, two main potential hindrances were my language and gender. The issue of how language and gender impact the study has been reflected throughout the studies and were largely resolved by recruiting a research assistant.

4.6 Authenticity

Regarding authenticity, Lincoln and Guba identified the following larger issues as criteria: fairness, ontological authenticity, educative authenticity, catalyst authenticity, and tactical authenticity. First on fairness; this study has been fairly done by respecting the rights of participants and following

high ethical standards. Also, I have reported varied accounts of participants' responses making the findings representative. Second on ontological authenticity; by investigating adolescent mothers' experiences of support, the ontological position of constructionism was achieved. Thus, this study is authentic because it has given a voice to adolescent mothers who are living their social reality and understand how it feels. Third on educative authenticity; through the interviews, adolescent mothers were able to learn about the importance of support in their lives, especially when they reflected their past lives where they had limited support and how their transition into care marked a turning point. Again, in terms of educational authenticity, adolescent mothers were able to visualize their strengths; something they regard as having a present and future benefit to their maternal role. Fourth on catalytic authenticity; the present study has generated insight into a less studied area, which is, adolescent mothers placed into the care system. This study will be a catalyst for future exploration of the experiences of adolescent mothers placed in care and for policy intervention. Most importantly, it will be a catalyst for change in the way adolescent mothers view themselves and the way the general public view adolescent mothers. Following the findings of the study, adolescent mothers will be seen as people with high life expectations. Fifth on tactical authenticity; adolescent mothers by visualizing their future expectations, will now be empowered to plan ahead of time. Not only them, policymakers now have empirical evidence of what to expect for adolescent mothers in their future transition into independent living and therefore, prepare ahead of time for the future.

4.7 Limitations of the study

Although this study has managed to find suitable alternatives to some apparent challenges encountered in the research process. As part of being reflexive and to signal future researchers about what could be done better, I would highlight a couple of the challenges that appear to have limited this study in one way or the other.

First, the sample size of five (5) participants for this study is seemingly small. Originally, the study intended to investigate ten (10) adolescent mothers who were experiencing support in a care facility. Therefore, after the first organization agreed to be part of the study, they helped me to contact three (3) other organizations. However, only one (1) organization replied, and it was a no as a response. As at the time that I contacted the other organizations, the government of Portugal had announced a lockdown and social distancing due to the COVID-19 pandemic. Thus, the COVID-19 contributed to the other organizations not joining this study. An empirical justification has been adduced for the limitation in sample size (*see title 4.2.4 Sample Size*).

Second, this study did not consider the perspectives of the care staff. Only the accounts of adolescent mothers living in the care system were considered. To the researcher's mind, this study sought to give a voice to the mothers. However, since some of the adolescent mothers' experiences of support are directly connected to the care staff (like *Helping Hand*), a layer of depth and richness could have been added to the study if the voices of some care staff were sought to complement what adolescent mothers had said.

Third, the language barrier was a limitation to the study. Even though a research assistant was recruited to fill this void, the study would have been a bit less complicated if I and the participants spoke the same language for the interviews. I could have steered the interviews into diverse angles to reveal deeper insights if I had done the interviews myself. Conducting the interviews in the Portuguese language and translating into the English language may have also possibly affected some meanings which are best conveyed in the original language.

4.8 Chapter Summary

This chapter discussed the methodological approaches that were used to conduct the present study. As has been discussed, I used purposive sampling to select participants; I approached the study from an interpretivist epistemology and constructionist ontology; I applied a systematic literature search technique; I employed a qualitative research design, I employed a thematic analysis for data analysis, and the study was generally conducted within acceptable ethical standards. Moreover, I have demonstrated reflexivity in my methodological choices, especially in the use of research assistant, rather than opening an independent theme to talk about reflexivity.

5 CHAPTER FIVE - FINDINGS AND DISCUSSIONS

In this chapter, the study presents the findings from the interviews and analysis of the findings. The data were analyzed using thematic analysis. The study found six (6) main themes and sixteen (16) sub-themes were generated under the main themes. The findings answers the following research questions posed by the study; how did adolescent mothers living in care experience support prior to motherhood, how do adolescent mothers living in care experience support in their transition to motherhood, how do adolescent mothers living in care managed their challenges through support, and what are the future expectations of support of adolescent mothers living in care. The analysis of the findings reflects the life course of adolescent mothers living in care, that is, their experiences of support prior to motherhood, their experiences of support in their transition to motherhood, and their future expectations of support. Also, the strengths perspective is reflected in the findings. The transcripts referenced in the analysis are elaborate because they capture a detailed description of participants' accounts. The chapter is structured in this chronology; sexual support, family relationship, institutional support, social support, strengths, and future expectations of support. It is important to point out that the findings from this study have been holistically presented to reflect the true and full accounts of adolescent mothers' experiences of support. Therefore, the findings report multiple accounts involved in each situation and generally illuminate the bigger picture that emerged (Creswell, 2014).

5.1 Sexual support

This theme presents adolescent mothers' experiences of support on sexual issues prior to motherhood and after they transitioned to motherhood. The findings show that prior to motherhood, sexual support was largely missing for the adolescent mothers living in care, thereby contributing to their early conception and motherhood. Sedgh et al. (2015) argue that uncontrolled sexual activity without the use of contraception is the most immediate determinant of pregnancies, however, available evidence does not indicate that sexual activity is on the decline (Klerman, 1993). Therefore, when young women experience any form of support in sexual issues, they would be better placed to make well thought-through decisions about sexual activities. This is so because adolescent mothers' early use of contraceptives and knowledge about sex is an important factor that prevents them from becoming pregnant (Silva & Magalhães, 2008). Along this line, policymakers in recent times have been prioritizing comprehensive sex education, the use of contraceptives, liberal abortion laws among others, to control the rate of adolescent pregnancy and motherhood (Sedgh et al., 2015). Portugal is a country with Catholic origins, so matters about sexuality were morally censored (Fonseca et al., 2012). However, recent developments have seen the country embrace liberal policies on sexuality at least for the last four decades. In 1976 a law was passed for family planning consultations in maternal-infant health centers, in 1984 another law was passed to guarantee the universal right to sex education – with school sex education regulated in 2010, the promotion of free access to family planning consultations, birth control methods, and in 2007 abortion was legalized (Mendes et al., 2014; Mendes & Castelo-Branco, 2014).

Despite the frantic official concern through policy, the findings reveal that the adolescent mothers living in care lacked support in sex education and were ignorant about the use of contraceptives prior to motherhood. This, in some cases, accounted for the early pregnancy and motherhood of some adolescent mothers. However, participants reported that they experienced sexual support after they transitioned to motherhood. The findings are significantly tied to the life course themes; historical times and timing of lives (Elder, 1998). The historical time is reflected in the past

experiences of insufficient sexual support that culminated into early motherhood. Also, the timing of lives is reflected in the early age in which adolescent mothers gave birth, regarded as off-timed. Two sub-themes were generated for sexual support: sex education and contraception, and family planning.

5.1.1 Sex education and contraception

Sexual education serves the purpose of educating the minds of unassuming young people to sexual issues and how they can protect themselves from any risky sexual practices. Dudley, Crowder, and Montgomery (2014) argue that one way to fight unplanned adolescent pregnancy is through sex education. Participants bemoaned not getting adequate information and education about sexual issues prior to pregnancy. Moreover, all the participants who did not receive support on sex education also reported not receiving support on contraception and family planning prior to motherhood.

Ana indicated that prior to motherhood, she lacked sex education:

Oh, I found out when I was almost 6 months pregnant. I experienced nothing in sex education. I just think I should have had access to information I didn't have, but I don't think much of it though – (Ana).

Also, other participants explained how they did not experience sex education. Their accounts reveal their own personal dislike to talk about sex and duty bearers' (parents, professionals) refusal to educate them about sexual issues. They had this to say:

I didn't have much sex education. I didn't like to talk about those things much either. I didn't really like to talk about those things, so 'I kept it to myself'. My thoughts stayed with me, I didn't ask, didn't talk to people – (Diana).

I didn't have support in sex education before pregnancy. Before, 2014/2015, there was not much talk about sex education. I always had the family doctor, but since I was a minor the family doctor wouldn't talk to me about it at all. I even tried. I talked to my stepmother once it was for an implant, but as my stepmother was also afraid of my father, she said no. She talked to my father and my father also said no – (Marta).

The above findings indicate that two main reasons accounted for the experience of insufficient support in sex education prior to motherhood. First, adolescents' own disinterest to talk about sexual issues. Dudley et al. (2014) bring to the fore an important reason why young mothers may not talk about sexual issues with their parents, that is, they feel uncomfortable and embarrassed to talk about it. Concerning Diana's dislike for sex education topics, a solution may be derived from finding innovative ways to engage people like her on the subject. Second, parents' and professionals' refusal to engage them in the subject, citing that they were too young to know about sex. Thus, Marta's situation shows a lack of engagement by duty bearers in recognizing that children and young people have a right to sex education in Portugal. In fact, Mendes et al. (2014) captured that in 1984 universal right to sex education was granted in Portugal.

Furthermore, participants hinted that the lack of support in sex education and contraception contributed to them becoming adolescent mothers. Talking about how she would have wished to be supported prior to motherhood, Ana had this to say:

I may have obtained the information necessary to avoid having a pregnancy before I

became pregnant – (Ana).

Also, Marta hinted similar sentiments when she explained how she felt about not experiencing sexual support prior to motherhood:

Sometimes I would get angry; if I knew (sex education) I wouldn't do that. If I knew I didn't have that experience I wouldn't be pregnant – (Marta).

Another participant indicated that the lack of support in the use of contraceptives contributed to her early pregnancy:

I did not have support in using contraceptives before I was a mother...To explain to me that there was the pill for example. The device to put in the arm, among others...Because if I knew there was the next day's pill, I obviously wouldn't have a daughter – (Diana).

Ana and Marta both share the same sentiment that the lack of sex education prior to motherhood was costly to them. Thus, the above findings confirm Barn and Mantovani's (2007) study which also reported that when young women are ignorant about sex and contraception, they become pregnant. For Diana, she was ignorant about contraceptive options and believes she would not be pregnant if she knew them. Álvares and Merlini (2014) equally revealed that most teenage pregnancies resulted from access to incomplete information about contraception.

Furthermore, participants explained how they would have wished to receive support in sex education prior to motherhood. They expected this support to come from their parents and/or school. They said:

I always preferred to have my father's or mother's support, only that I never had. I liked to grow up and have father's or mother's support or teach me how to do whatever, but they never taught me how to do anything – (Sonia).

At school, to talk more about sexuality, to explain how young people could avoid pregnancy and avoid disease – (Marta).

I would have loved to receive sex education from my family – (Ana).

This finding shows that even though the adolescent mothers expected sex education from their parents and/or school, it was not forthcoming. Such situations put the adolescent mothers at risk of becoming early mothers. The finding is consistent with previous studies (Barn & Mantovani, 2007. Dudley et al., 2014) who also identified that sex education is expected from a host of social actors including; family members, schools, and peers. Also, when sex education is not forthcoming, the adolescent mothers are left to explore with their own limited experience. This is the case as Marta said, "*If I knew I didn't have that experience I wouldn't be pregnant*".

However, the findings reveal that not all adolescent mothers lacked information and support in contraception:

Well, I was a mother at age 18. I always listened and learned at school. I've been to another institution as well when I was as a child and we always had access to these things. How to use, what to do, pills, appliances. I never had a lack of information; it was more lack of care – (Sonia).

But I also remember going to a youth health center, and I went there, and they suggested that I put in an implant but since I was ashamed to talk to my mother, I didn't get to ask. And then there, they gave me condoms and pills and stuff – (Silvia).

For *Sonia*, her pregnancy was not related to her lack of sexual support. Rather, she mentioned the lack of care resulting from her unstable family environment. Her account shows that she had previously been placed into care even before motherhood. Also, *Sonia's* history of being in care before motherhood gives a hint on the connection between looked after children and their how they become early mothers as researched by previous studies (Barn & Mantovani, 2007; Maxwell et al., 2011; Aparicio et al., 2015).

Silvia knew about contraception through making an appointment at a support center. Thus, for her having support in contraception did not matter much because she planned to become a mother. *Silvia's* pregnancy was based on her claim that she wanted to be like her mother who became pregnant at the same age. She further said:

I had sexual education through a teacher and these things happened and sometimes I would also ask, and then we would talk among friends and so on. But my pregnancy wasn't accidental, it was planned... The plan was this, to get pregnant at the same age as my mom got pregnant, at age 15 – (Silvia).

This shows that having access to sex education and knowing about contraception does not entirely lead to preventing early pregnancy and motherhood, rather, they enhance the decision making of adolescents when it comes to sexual issues. *Silvia's* decision to become pregnant highlights her human agency which was exercised within the opportunities and historical constraints and social circumstances she was faced with (Elder, 1998), because she wanted to be a mother at the same age her mother birthed her. Related to this finding, studies have reported that the children of adolescent mothers may end up in a cycle of disadvantage where they may become adolescent mothers in future (Social Exclusion Unit 1999; Daguere & Nativel, 2006; Barn & Mantovani, 2007; Aparicio et al., 2015). Specifically, Musick (cited in Bunting & McAuley, 2001, p.52) recalls that some teenage mothers became mothers because they wanted to be like their role models, for example, their mothers, who were also teenage mothers. Also, McGuire & Corlyon (1999) hinted an association between being a young mother and having a mother who was once a teenage mother.

5.1.2 Family planning

Moreover, all the participants began to experience sexual support after their transition to motherhood and subsequent transition into care. The sexual support in care mainly involved family planning and contraception. The findings reveal that family planning support was jointly provided by the care institution and maternity health centers. Participants explained that the care institution referred them to Doctors at the maternal health centers where they received family planning assistance. Apart from the referrals, the institution organized sessions for the adolescent mothers where they explained to them contraceptives and family planning. This support made up for the lack of sex education experienced prior to motherhood and helps the mothers in their present and future sexual life.

Some participants who lacked support in sex education and contraception had this to say about experiencing sexual support in care:

The institution already had sessions with us where we talked about contraceptive methods. There is a subject and then we talk about that subject – (Ana).

I have health center appointments. I'm now taking the injection every three months. So, it's good, because they always ask if everything's okay, how it's going with the second daughter, how I feel. They're always worried. They're always on the lookout – (Diana).

The above findings reflect a turning point in the lives of the adolescent mothers who lacked sexual support in the past. *Ana* mentions that she now has access to sex education and contraception. Also, being in care enabled the effective supervision and provision of family planning support for adolescent mothers both within care – through organized sessions, and outside care – consultations at maternal health centers. Thus, family planning support did not end with having workshops with the adolescent mothers, also it was complemented by care staff checking up on the adolescent mothers to know how their family planning methods were going.

Furthermore, participants gave reasons for taking family planning methods. Their reasons involved decision not to have any more children and avoiding repeat pregnancies. They said:

I don't intend to have any more children, so I'm always with my implant – (Silvia).

I've been wearing an implant since I came here. I came here, and then after my doctor (consultation), I thought about taking the pill but then after taking the pill (in the past), with forgetfulness I had my second child – (Sonia).

Sonia who has two children started to use a different birth control method after going into care and having attended family planning consultation. She was guided by a mistake with using her previous contraceptive method and how she forgot to apply it; leading to her second pregnancy. Bucknall and Bick (2019) found that relying on Non-Long Acting Reversible Contraceptives (Non-LARC) like condoms and pills could be problematic since young mothers may forget to use them, thereby leading to rapid repeat pregnancy. Considering that adolescent mothers who are placed in care are also at risk of experiencing repeat pregnancy (Bermea et al., 2019, p.460), family planning support helps them to control birth and prevent instances of unplanned repeat pregnancy.

5.2 Family relationship

As young mothers with their whole lives to live, stable family relationships are of vital significance to them. The findings show that prior to motherhood the adolescent mothers living in care experienced a family relationship breakdown, however, during their transition into care they experienced family presence. This means that the family relationships of adolescent mothers were in one breadth a risk and in the other a protective factor (Barn & Mantovani, 2007). The family relationship of adolescent mothers has a connection with their experiences of support, because the amount of family support adolescent mothers experience depends on their family relationship prior to pregnancy and birth of the baby (Ngum Chi Watts et al., 2015). Due to the predominance of welfare-society in Portugal and the important role of family support for kinsmen and kinswomen, to experience insufficient or no amount of family support leaves one vulnerable. Aboim et al. (2013) did not mince words when they asserted that in Portugal all forms of support are provided by close relatives flowing through kinship ties. The family relationship of the adolescent mothers living in care represents a key part of their life course, that is, their linked lives with significant family members (Elder, 1998). Family relationship also represent a strength especially after the

adolescent mothers began to experience the presence and support of their family ties. Two sub-themes were identified under this theme: family relationship breakdown and family presence.

5.2.1 Family relationship breakdown

Participants mentioned that they experienced a breakdown in their family relationship prior to motherhood. The family relationship breakdown of participants was reflected in two ways: lack of family presence predating pregnancy and breakdown triggered by the pregnancy.

Participants explained how their family relationships were disrupted. Most participants reported that the family relationship breakdown was mainly because they became pregnant and their pregnancies made some key family members upset. Thus, significant family members, mainly their parents reneged on their responsibilities to accept and support them after they became pregnant. Álvares and Merlini (2014) similarly noted that the pregnancy of young mothers disrupted their family relationships thereby making them lack family support. Participants said:

When I came here (care), I did not have a relationship with my family – (Ana).

Before I got pregnant, I always lived with my father, my stepmother, and my brothers, I never had any problems at all. After I got pregnant my father didn't accept the pregnancy, he didn't accept it and I ended up going to live with my aunt, only my aunt as she didn't have full custody of me and she couldn't do anything, she couldn't renew my documents, my documents had already passed the deadline – (Marta).

When I had my first daughter my father did not accept. Then I lived with my mother-in-law and my children's father. Then after a year and a half, I got pregnant with the second one, my father as he did not accept the first one obviously did not accept the second one either. Then I had to stay in the hospital until I got an answer to come here – (Diana).

My mom was supposed to understand that I was a mom. The plan was this, to get pregnant at the same age as my mom got pregnant, at age 15, and that she would understand and feel what I was feeling and get out of the house where I was mistreated by my stepfather. Only, instead, she didn't do it, she kicked me out of the house – (Silvia).

The accounts of *Marta* and *Diana* show that their fathers were integral in their care, however, their relationship broke down after the pregnancy. Therefore, the lack of support from their fathers left them in need of support. Confirming the above finding, Roberts et al. (2011) found that among all the young women in their study, the year leading to their pregnancy involved family relationships breakdown, caused by conflict with their mothers and absence of their fathers. *Silvia* was left disappointed by her mother after she became pregnant. She is the same participant who had planned her pregnancy because she wanted to have her child in the same age her mum had her. Unfortunately for her, her mum kicked her out of home after she became pregnant instead of empathizing with her. Herrman (2006) also identified that pregnancy and childbirth brought tension within the family relationship of adolescent mothers.

As established above, most participants experienced family relationship breakdown because they became pregnant. However, for another participant the breakdown in family relationship predated the time of her pregnancy.

Honestly, I've never had so much support from a father or a mother, and she, whoever she is. I was forced to grow up from the time I was 14 until I came here...The problem wasn't

sexuality support; it was more family support. I was a very lonely girl and I did what I wanted, what I felt like and I was walking around – (Sonia).

Sonia had indicated that she became pregnant because she lacked care from her family. Her family relationship was unstable due to her parents' absence in her adolescent life. Silva and Magalhães (2008) show that a stable family environment enables adolescent mothers to delay the start of sexual activity and ultimately reduces risks of early motherhood, therefore the lack of presence and care from the family influenced adolescent mothers' early motherhood.

The breakdown in family relationship and its resultant lack of family support placed the adolescent mothers into vulnerabilities, making them go into care. Being that the absence of family environment or conditions for adolescent mothers is one precondition to qualify for care placement into the CAV (Diário da República, 2004)²⁰, it is not surprising that the family relationship breakdown of the adolescent mothers in this study led them into care.

5.2.2 Family presence

Furthermore, moving into care became an advantage for the adolescent mothers who had experienced family relationship breakdown prior to motherhood. The findings reveal that most of the adolescent mothers managed to restore their broken family relationships while in care. Here, the participants discussed how their families complemented the support that they experienced in care. Therefore, the families of adolescent mothers became present in their lives after they had transitioned into motherhood and lived in care. Chase et al. (2006) similarly revealed that despite the volatility in family relationships of young mothers, they sometimes managed to reconnect with their birth families after they gave birth, however they added that these contacts may not last long enough.

The findings show that the care system played a key role in reconnecting broken ties between adolescent mothers and their families through tracing and contacting significant family members. *Ana* who had previously remarked that she had a frosty relationship with her family at the time she transitioned into care had this to say about the current status of her family relationship:

Now, I have a relationship with my family. Now I go to their (parent's) house several times, I even sleep at home. Coming here was good because it has made me bond with other family members too – (Ana).

On the contrary, Despite the important role of the institutional care in building bridges between adolescent mothers and their families, a setback is that institutional rules may indirectly inhibit the family visits which are meant to enhance family presence. Thus, one participant complained that the house rules are restrictive and demotivate family members from visiting:

²⁰ Chapter 3. - Personal scope - (Diário da República, 2004)

Women benefit from the support provided by the CAV pregnant or having recently given birth, hereinafter referred to as users, who are at emotional or social risk, particularly in following situations:

- (a) absence of family environment or conditions which enable them to ensure a responsible maternity ward;
- (b) emotional instability related to maternity which could affect normal development of pregnancy;
- (c) circumstances, activities or behavior that endanger your health, from the unborn child or the newborn;
- (d) socio-economic conditions that compete for a particular situation of vulnerability or affect your family stability.

In my case, they (institution) wanted to meet my mom. They wanted to meet the people closest to me, but they end up taking us away from the family a little bit because of the house rules. For example, visits are made inside the house, but the visitors do not want to be confined inside a room. Visitors want to talk to us or walk outside, but this is often not allowed. People end up walking away because nobody wants to visit a child or talk to the mother or play with the children, whiles locked in a room – (Sonia).

The findings further show that participants' families were present through visiting the adolescent mothers in care, welcoming them at home during weekends, communicating with them, providing their physical and emotional needs. The manifestation of the family presence makes it an important support for adolescent mothers. The findings agree with Bunting and McAuley's (2004) study which pointed out that family support included the provision of housing, financial support, childcare assistance, emotional support. Participants shared their experiences of how their families were present in their lives:

My mother is in (country) right now. She's always willing to help and talk to us. So is my father. My mother-in-law's family is the same thing too, we're always connected. I spend weekends at my mother-in-law's or my father-in-law's. We never let each other go, we always find a way to be together – (Diana).

I have support from my aunt, from my mother who is in (country), emotionally my mother gives me strength. Also, now I have support from my dad. But it has always been my aunt who has helped me since the birth of my son... When I need clothes, sometimes she gives me money to go and buy some things – (Marta).

However, the ready family presence was not experienced by all the participants. Some participants did not feel enough of their family's presence, especially from some key family members they expected to be present. They talked about not getting enough visits from their families as they would expect:

While I'm here it's an aunt who welcomes me to her house on weekends, my mother rarely shows up here. I don't know, I could have left here longer, but no one reached out to help, it's okay that I don't need to be taken out, but you could have been more present, when I needed it when I cried – (Silvia).

I've never been much supported since I was a child until today. I can't say about my father or mother or an aunt I can't say... I've been here for 3 years and no one has ever come to support me, I've only had two visits from my mother. My father has been in (country) since I was 11 years old, it has been 11-12 years since I saw my father... The only person I had was my grandfather, but he passed away when I came here – (Sonia).

Silvia and Sonia wished to experience the presence of their family in their lives, however, they did not have as expected. Again, Sonia's pattern of lack of family care is reflected in her response with her only hope of family support, grandfather, passing away just as she entered care.

Moreover, the findings show that family presence in the lives of adolescent mothers was not only expected in their transition into the care, also participants expected family presence to continue in their future transition out of care. Most participants expected to experience their family's presence and the good relationships they are having now, in the future after leaving care. The said:

After leaving care, I want my aunt to continue to be the person she always was with me, the one who always helped me emotionally – (Marta).

I don't have much expectation when I leave here of family support...So, I've been here for 2 years, people have had enough time to be with me, who haven't been now, don't expect to be with me later. If you haven't supported me now or been with me while I've been in trouble when I get to success or the highest path to success you don't have to be close – (Silvia).

Silvia did not expect her family to be present after she leave care because she feels they have been largely missing while she stayed in care. This portends the risk of social exclusion recurring in her future. The same situation of social exclusion can also befall *Sonia* who seem to have unavailable family relationship. Because moving out of care without significant family support can be troubling for adolescent mothers.

5.3 Institutional support

Support is always good, so having the opportunity to have things is excellent, it will always help to improve anyone's life. If I had had the support I wouldn't be here, so support is essential – (Silvia).

Silvia's sentiment is shared by all the participants in this study in various ways. The comment shows that lack of support is what takes adolescent mothers into care. The findings reveal that institutional support entails adolescent experiences of support within the care institution. Transition into care remarked a positive turning point for adolescent mothers because they lacked essential support in the past, that is, the breakdown in family relationships and insufficient sexual support. In relation to the life course theory, Clausen (1998) asserts that within every major role transition, there may be a potential turning point, which involves taking a different direction from an otherwise bad one. Moreover, the positive turning point occasioned by the experience of institutional support represents a strength for the adolescent mothers.

The findings reveal that the care institution provided an under-one-roof housing facility for adolescent mothers and their babies, with separate rooms for each mother-child(ren). Also, there was a daycare facility where some participants enrolled their babies. Because of their past experiences of insufficient sexual support and lack of family support, all the participants talked highly of their experiences of support in care. Institutional support mainly consisted of childcare assistance, helping hand, and group support found within the relationship between adolescent mothers. Therefore, under institutional support, three sub-themes were generated: childcare assistance, helping hand, and the relationship between adolescent mothers. It is important to mention that adolescent mothers' experiences of support in care interconnect and overlap. Thus, for instance, aspects of 'childcare assistance' were reflected under 'helping hand' and aspects of 'helping hand' related to group support from colleague mothers.

5.3.1 Childcare assistance

One key institutional support is the experience of childcare assistance within care. Even though this support was not only experienced within care, participants explained that the aspects of childcare assistance experienced within care were significant. Participants mentioned that childcare assistance involved; the care staff's supervision of the safety of children who are in the care of their mothers, providing the daily care needs of children, and daycare services to children. Also, participants talked about the care environment itself as being enabling for caregiving.

The findings show that the adolescent mothers were assisted with the daily care of their children; care staff guided them on how to provide care. One participant specifically described how she was supervised in how to bath her children:

When I had doubts or when I didn't know anything, for example, bathing them both at the same time, they helped me and explained something to me. How she was newborn, about her navel when they have a line, about baths the way they do... sometimes they got scared so they were always checking if I did well, if I put in the right position and the water too, the temperature of the water – (Diana).

Since most adolescent mothers did not have experience in childcare, the care staff provided directions in how to provide basic care to children, like bathing babies and feeding. Studies have reported that adolescent motherhood is characterized by ineffectiveness in the maternal role and lack of experience in caring for babies (Mangeli et al., 2017; Erfina et al., 2019). Therefore, this support was vital to make adolescent mothers competently perform their maternal role.

Also, in situations where the adolescent mothers were concurrently engaged in multiple roles, some professionals acted in their stead and provided childcare to their children:

I wake up in the morning because I leave to school at 7 am. I have a professional who helps me dress him (child), who takes him to school, who feeds him, who does everything as if he doesn't miss his mother – (Marta).

Marta describes how she was supported with taking care of her child since she had to attend school herself. With childcare being a major limitation to adolescent mothers' engagement in other activities outside the home (De Jonge, 2001), experiencing childcare assistance enabled adolescent mothers to have time for other roles, like going to school and/or work as *Marta* points out.

Furthermore, participants identified the care environment as being supportive of effective caregiving to children. They mentioned that the care institution is conducive, and their children could mix and play with other children within the institution:

Here, the space is quiet, there's the ambiance and there are the conditions to give care – (Ana).

Taking care of my son in the institution has become easy because he has more boys to play with – (Silvia).

Considering the above findings that the care environment was resourceful and enabling caregiving; it reflects one cardinal principle of the strengths perspective which is that every environment is full of resources (Saleebey, 2012a).

Another important aspect of institutional support was the availability of basic childcare provisions, like food, clothes and diapers to enable adolescent mothers to give basic care to children. One participant mentioned that material provisions were given by the institution to enable adolescent mothers to provide childcare. She said:

I don't lack anything. I don't lack diapers, I don't lack milk, I don't lack clothes, wipes – (Sonia).

Moreover, the findings reflect that childcare assistance also borders on attending to the educational needs of the child. The care institution provided an in-house daycare service where some adolescent

mothers enrolled their children. Thus, the daycare service was identified as an important resource within the care institution that facilitated the caregiving of children. Meadows-Oliver et al. (2007) have argued that having a childcare program on-site (like the in-house daycare) enables young mothers to pursue other roles like going to school and obtaining a high school diploma. The interviews revealed that two adolescent mothers had one child each attending the daycare of the same institution where they resided, whereas the other adolescent mothers had their children attend daycare outside the institution. One of the two adolescent mothers was a mother of two children who had one of her children attending the institution's daycare.

For the participants, the institution's daycare services provided proximity, affordability, and flexibility in terms of providing education to their children.

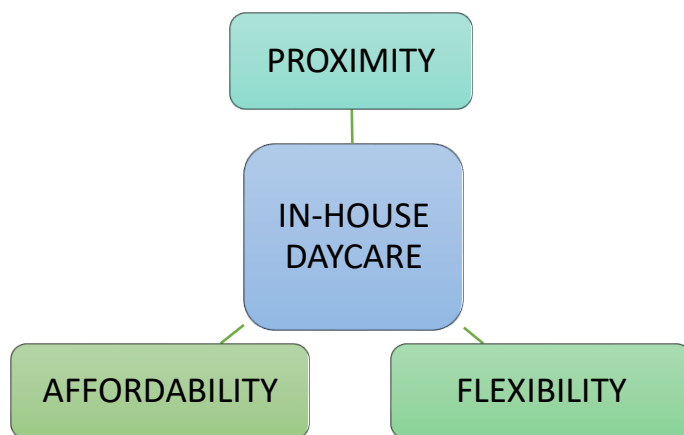
Talking about affordability one participant said:

There is a daycare here. Generally, I think daycare is very expensive, but considering that I am here, it is not...I used to pay 100 Euros for daycare, now I'm paying much less because there aren't anymore. The girls from the institution don't pay for daycare activities anymore – (Silvia).

Another participant explained that the in-house daycare service provided proximity and flexibility in childcare. On flexibility, she mentioned that because of the in-house daycare service, she could rely on the support of the professionals in care to pick her child from school. On proximity, the in-house daycare service enabled her to simultaneously give care to her children:

I can still relax a little because the daycare of my youngest child is inside here, with a helper that you can get. When I go to pick up the eldest one and I can't get to the nursery school in time, then the professional who stays here will pick up the youngest one and until I get there will stay with her – (Diana).

Figure 4: In-house daycare as a contribution to childcare assistance



Proximity, affordability, and flexibility are key advantages that characterize the availability of in-house daycare services of the care institution. Proximity in this instance explains the fact that the adolescent mothers only had to walk their children from their bedroom to the next door, which is the classroom. Affordability is explained in two ways; one, adolescent mothers could save the

transportation money that would have been used to take children to school, and two, waiver of extra activities cost given to adolescent mothers who lived in care. Flexibility in childcare is made possible by the in-house daycare service because the adolescent mothers who had their children in the daycare could manage some time to reconcile caregiving and other important roles, like going to school or work.

5.3.2 Helping hand

Furthermore, the findings indicate that the adolescent mothers living in care experienced a helping hand. While in care, adolescent mothers were not left on the hook to do everything by themselves, rather, they were ably assisted physically. Participants identified that in their daily activities, they experienced a helping hand from helpers within the organization. Participants received a helping hand from professionals and technicians. Mainly, this support influenced caregiving and the performance of house duties. They said

When we're doing something for the house, we always have the support of the helper. We always do things with the helper, things we can't do alone – (Ana).

Here I always know that I have someone who will help me, even if the professional is not here, the technicians stay with the children. The professionals are like family because they really help us a lot – (Marta).

The above findings show an admission that there are some things that participants could not do alone and therefore required the assistance of someone. They pointed out the help they experienced from a helper contracted by the institution, professionals or technicians. Also, *Marta* reflects that technicians sometimes go out of their way to support adolescent mothers with caregiving, something she likens as familial.

The findings further show that adolescent mothers did not only receive a helping hand from care staff and colleague mothers; interestingly they received a helping hand from their children. One participant recalled having experienced a helping hand from her child whenever she performed her assigned duties within the care institution:

He is now grown up, ready for tasks here at the association. On my day of cooking, it is a bit more difficult because I return late from work, but I do not stop doing, now that he is more grown-up, he helps me – (Ana).

Ana's child was one month away from turning 4 years at the time of the interviews. Therefore, children of adolescent mothers constitute part of their support. Children assisting their adolescent mothers with house duties could also be an important learning experience for the children that would improve their development.

5.3.3 Relationship between adolescent mothers

The relationship between colleague mothers in care constituted support after they became familiar with each other. Mainly, the relationship between adolescent mothers in care emphasized their past experiences of disagreement with each other and their present experience of group support among each other. Participants talked about having a frosty relationship in the past and having a good relationship with each other in the present. Also, the care staff played a key role in mediating any differences whenever there were disagreements. The good relationship between adolescent mothers signifies group support because of the mutual understanding and interdependence among the adolescent mothers in care.

The participants mentioned that they had a hard time bonding with each other in the early stages of their entry into care:

Before it (relationship with colleague mothers) was more complicated but now it is better – (Diana).

At first, it (relationship with colleague mothers) was confusion, but now no. Now we don't have confusion, now it's more of a joke – (Marta).

It's a little boring here because we don't like to throw out what we're feeling, but there have been a few times that's happened – (Silvia).

The above findings show that the earlier difficulty in relationship between adolescent mothers living in care was partly because they were coming from an already stressful background. Therefore, their relationship with each other in those incipient stages in care was characterized by complication, confusion, and boringness.

However, the findings further show that after settling-in in care, the adolescent mothers coexisted well. Participants talked about how they experienced support from each other as a group. Thus, participants' descriptions of support among each other can be likened to group support in the care institution. They had this to say:

Here, we support each other, when the other can do something, another does something else. Sharing everything with the kids, if someone's making soup for the kids, someone else is setting the table, someone else is doing the dishes, and someone else is tidying up. We share, we are always collaborating. Some people have two children, and they go to the consultation or pick up one child at school, another mother stays with the other kid and the professional – (Marta).

It's just that deep down, deep down, we all lean on each other – (Sonia).

One participant mentioned that she is corrected to the right path when she does something wrong. This shows that adolescent mothers learn from each other:

...When I'm doing something wrong, they (Mothers) draw my attention and try to say, to explain, that I have to do it differently. They try to help – (Diana).

Another way that the adolescent mothers learned from each other was through skills sharing. Those who were skilled in performing some specific activities supported their colleagues by teaching them how to do things:

Sometimes we have girls among us who may know more than others. The helpers assign the girls who have more skills to teach us tricks for ironing, sewing, making some dishes – (Silvia).

From the above findings, the adolescent mothers' relationship with each other in care was characterized by leaning on each other, learning from each other, sharing, doing house chores together, and correcting each other. The participants' account emphasizes the concept of the linked lives (Elder, 1998) of adolescent mothers in care where they interrelate and interdepend on one another; even extending it to their children. Confirming this finding, Bermea et al. (2019) revealed

that when adolescent mothers become exposed to one another through sharing the same residence, they become stronger together and showed a sense of community and camaraderie.

Furthermore, experiencing support among each other was not beneficial to only the adolescent mothers, but it was also beneficial to their children because the support included caregiving and emotional support. Participants pointed out that they experienced childcare assistance and emotional support from each other:

Sometimes when babies are sick, the other mothers help, and the babies get more attention – (Ana).

I have one who supports me emotionally, does the housework, helps me when I go to cook, helps me clean, helps me with my son, and so on – (Silvia).

Yardley (2009) similarly identified that group support is important for both adolescent mothers and their children. Also, Moloney et al. (2011) discovered that young mothers in gangs experienced group support in the form of emotional support, childcare assistance, information exchange, and advice. Extending this understanding to the present study, when adolescent mothers are in groups, they do not only experience support for themselves but also their children. It is based on this spirit that extant studies (De Jonge, 2001; Yardley, 2009; Roberts et al., 2011; Bucknall & Bick, 2019) have recommended the need for group support services where young mothers who share similar circumstances could meet to support each other.

5.4 Social support

The findings further reflect aspects of social support that adolescent mothers have experienced in their transition to motherhood. Social support is essential for adolescent mothers in Portugal due to the strong welfare-society, where social networks step in to support people in times of need. Several studies (Kissman & Shapiro, 1990; Richardson et al., 1995; Bunting & McAuley, 2004; Ngum Chi Watts et al., 2015; Erfina et al., 2019; Bermea et al., 2019) have revealed the importance of social support to the wellbeing and overall life satisfaction of adolescent mothers. Social support demonstrates the life course principle that human lives are linked and inter-depend on one another. Elder (1994) averred that social support is derived in part through human relationships that are established by their linked lives. Also, social support is a strength (Saleebey, 2012b; Healy, 2014), for adolescent mothers.

The findings reveal that receiving institutional support did not relent efforts by adolescent mothers' social network to offer support. Participants described their experience of social support to be from both within the care and outside care. Also, participants' experiences of social support were recounted within their various life transitions, that is, prior to motherhood, during the transition into motherhood, and future transition into independent living. This, therefore, gives a holistic understanding of their experiences of social support. Two sub-themes were identified under social support, namely; partner involvement, and friend's support.

5.4.1 Partner involvement

This study noted partner to include the biological father of the child, romantic partner, or anyone who is recognized by the adolescent mother to be playing the role of the baby's father. Father's involvement has been found to improve the development of the baby and the mother. The findings

point out that apart from the biological fathers, boyfriends and significant relatives played the role of the father.

The difficult situation of early motherhood even makes it more eminent that adolescent mothers get support from the men with whom they bore the baby. With partner support, participants mainly reported the involvement of their baby's father in the life development of the child. Also, this support was experienced and expected within the various life transitions of the mothers and their babies.

Participants said:

The father of my son shows up to see his son many times, but sometimes fails too so I can't count on him 100% – (Silvia).

He already stayed here with them when I was working, and they were sick because it came to a time when they both got sick at the same time. So, he stayed with them because I made a shorter schedule, from eleven to three (o'clock). And he only worked from six (o'clock) onwards so he stayed here with them until I arrived, then he went to work. He also took them to the health center for consultations, he took them for walks – (Diana).

According to *Silvia* and *Diana*, the biological father of the child(ren) was physically involved in the life of the child(ren), giving practical tangible and ready support even though not as perfect as expected in the case of *Silvia*.

Another participant with children (son and daughter) who had different fathers talked about receiving support from only the father of her daughter. Like *Silvia* and *Diana*, partner involvement in the case of *Sonia* was directed at her daughter and not herself per se. *Sonia*'s account shows that she single-handedly provides for her son:

Well, my son's father never supported, he just made his son. He only registered the child at the hospital because my dad threatened him...Just the father of my daughter, he's the only one who's ready if he needs anything for the child, he does support. He buys back to me or gives me the money to buy. He supports his daughter because it's his obligation – (Sonia).

Moreover, the findings show that partner involvement in the life of the child was not only experienced physically but virtually through social media networks. The participants said:

He tries to keep up with the child. He's not here, even though he's not here, he tries to keep up with him, talks to him to know how he is doing – (Ana).

He's not here, he's in (country)... It's been three years. I talk, he calls and talks to his son, but I don't have that thing, help from him I don't have any – (Marta).

The above findings indicate that the father of the child was not residing in Portugal at the time of the interviews. However, these transnational fathers were involved through online communication with their child and the mother. Indeed, Mpaata (2020) identifies that communication is considered as a form of care by transnational fathers.

When asked about what partner support they expected from their child's father the participants said:

To talk with him (child) in his presence, not through social networks, ready, and taking pictures of him but being present daily, would be better but if possible – (Ana).

And I would like him to continue supporting not in terms of food or financial but as the father. I'd like him to be a little bit more present. Not the father who saw his daughter, every three months...And I don't want her not to like her dad, I want her to like her dad – (Sonia).

Unlike the use of social media to communicate, partner involvement was more appreciated when done physically and regularly. For *Ana*, partner involvement would be more appreciated when done physically and regularly. Thus, she indicated that in the future she expects the father of her child to be physically present and not only through social media. Also, *Sonia* expected a more involved fatherhood where her daughter's father would be more present than just providing the needs of the child.

Interestingly, the findings further reveal that other significant people played the role of the father to their child. That is male romantic partner and female relative. One participant said this about her boyfriend:

My boyfriend is just like part of my family now; he helps me a lot too. He also likes my son a lot, my son likes him a lot. On weekends we go out for a walk. At the end of the month when he gets paid and asks what I need and what the kid needs if it's something I really need he lends me the money to do, to help me, like when something I can't and sometimes my mom, my mom needs it too, he helps me a lot. He's the boyfriend I have that helps me the most so far, he's one of the ones that help me, that I don't have any complaints. He talks to me when I'm sad he talks to me. He's the person who knows everything about me – (Marta).

Marta talked about the important role of her boyfriend and her aunt in supporting her and the child financially and emotionally. Bunting and McAuley (2004) also identified that partner support improves the financial situation and emotional wellbeing of teenage mothers. She further likened her aunt to be the father of her child because of the vital support she and her child enjoyed from her:

It's always been my aunt, it seems like 'she's the father of my son', she's always done everything – (Marta).

Therefore, for this study, it did not matter whether the person playing the child's father role was male or female because a female relative was likened to be the father of the child. Thus, to some adolescent mothers, a female relative could be a social father, hence, an adaptation of Jayakody & Kalil's (2002) concept of 'male relative social father' becomes 'female relative social father', a revelation by this study. Corroborating *Marta's* perception of 'female relative social father', Bermea et al. (2019) also revealed that some adolescent mothers in care perceived colleague mothers who provided support to them and their child as 'baby daddy'. Moreover, teen mothers in care tend to refer to family members who they (mothers) felt had distinguished themselves particularly in attending to their care needs, as fathers, mothers, and grandmothers (Aparicio et al., 2015, p.50).

As can be derived from the above findings, participants mainly described their experiences of partner involvement to entail; partner's communication with the child, visiting, caregiving, emotional support, and financial assistance. The findings are therefore consistent with other studies

(Kissman & Shapiro, 1990; De Jonge, 2001; Bunting & McAuley, 2004; Figueiredo et al. 2006; Lamb, 2010).

5.4.2 Friend's support

Support from friends also formed part of the social network capital of adolescent mothers. Even though not all participants talked about experiencing this form of support, those who did, described it as an important part of their social network of support. Those who did not experience this support cited personal reasons and having their focus on maternal roles. The findings show that adolescent mothers experienced physical and material assistance from friends: visits, communication, clothes; and emotional support from friends. Friends/peers' support has been reported to be high on the emotional assistance and wellbeing of adolescent mothers (Kissman & Shapiro, 1990; Richardson et al., 1995; Bunting & McAuley, 2004). Friend's support was experienced both within and outside of the care institution. However, some adolescent mothers admitted to not being friendly, losing friends, and focusing more on their children.

Participants talked about how they experienced support from friends:

I only have one friend, a best friend. She's like my mother. She's 30, she's older than me. When she goes shopping because she knows I'm not working, she has been buying for me too. She is my son's godmother; my son likes her very much – (Marta).

My friends give me great support, yes, I have few but good ones. They are always available to talk to me, we connect through the social networks, the calls and we meet – (Silvia).

Silvia and *Marta* said that their friends supported them with their material and emotional needs. Also, it can be seen from *Marta's* account that the support from friends extended her child. For these adolescent mothers, social media networks were used as a medium for communication with their friends.

Also, the care institution provided the context for adolescent mothers to build friendships with colleague mothers and experience support from them. One participant talked about building a friendship with the context of care. She said:

I think at least I have a friend and this friend is here in the institution. And both together and we can support each other to feel stronger, more united – (Sonia).

The findings further reveal that experiencing friend's support depends on how one is sociable and willing to mingle with others. *Diana* admitted to being not sociable and *Ana* also decided to focus more on maternal role than friendships.

They said:

I'm not much of a friend. And since I've moved away from most for myself, I don't think it makes much difference...Because they might be friends today and they might not be tomorrow, so I don't think it makes much difference – (Diana).

I have many friendships I have not continued, but I have others that until today we are friends. When (child) was smaller it was more difficult because I couldn't get out, but now that he's older I can. It doesn't change much but it changes some things – (Ana).

Thus, the social competence of adolescent mothers plays a role in their ability to make friends and derive mutual benefits from each other. Also, the stress of maternal role made adolescent mothers

lose some friends because they could not make time for them. Herrman (2006) similarly found that mothering impacted relationships with friends by making teen mothers lose friends, refocus emphasis from friends to their children, and not going out as they did before.

5.5 Strengths

To receive support as a mother, be it any support, is very important. It strengthens, it's less of a concern, it's less of a headache because we're not only mothers, we're always thinking that we can't do it – (Sonia).

This study conceives support in itself as a strength. As *Sonia* mentions above, experiences of support strengthen adolescent mothers. All the participants had positive views about experiencing support especially considering how they might have ended up if not for support. The findings capture the expressions of abilities and capacities that have been acquired by adolescent mothers through their experiences of support. Other studies have revealed that the experiences of support enable adolescent mothers to develop strengths (Moloney et al., 2011; Bermea et al., 2019). Participants identified that experiences of support strengthened and enabled them to perform maternal roles, combine other roles and satisfy their needs and their children's. Thus, the findings reflect the strengths perspective's position that everyone has strengths (Saleebey, 2012a), no matter how difficult their situation is.

Moreover, adolescent mothers were conscious about using their acquired strengths in their future transition into independent living. This shows that adolescent mothers were aware of their life course and knew what it required for their future transition. Three strengths were developed from the experiences of support: maternal role competence, ability to combine roles, ability to satisfy needs, and one inherent strength: willpower, were identified. Therefore, four strengths were generated under the theme of strengths.

5.5.1 Maternal role competence

Maternal role competence entails adolescent mothers' ability to effectively understand and discharge their duties as mothers. Normally, motherhood is a learning process for all mothers. However, becoming an adolescent mother further compounds the learning for young women because they do not only transition as first-time mothers, they also transition as young people navigating other personal changes. One often mentioned challenge of adolescent mothers is their incompetence in their maternal role since they may lack personal knowledge and first-hand experience about motherhood (Mangeli et al. 2017; Erfina et al., 2019). Therefore, to be learned and capable of their maternal role signifies the strength of being competent as mothers. The present study revealed that adolescent mothers developed maternal role competence through being learned as mothers and feeling capable to discharge maternal responsibilities.

Participants mentioned that their experiences of support especially in care made them learn and still learning about being a mother. According to them, this strength equipped them with knowledge about how to be mothers in their transition to motherhood. Also, having learned as mothers made adolescent mothers feel positive about their ability to discharge their responsibilities as mothers in the future. Thus, participants discussed their strength of maternal role competence within the context of their past, present, and future.

Participants explained how they learned how to be mothers. They said:

I was raised by my grandmother who taught me these things. I learned a lot very early on; how to take care of children. I never had any difficulties in my maternity like how to change a diaper, how to check fever, I knew right away – (Marta).

I came here, and I have learned. First, I learned as a mother, I didn't know everything I know now. I learned how to take care of my child's health and education – (Ana).

And when people say you're so young and you have two kids, it just gets a little bit moving in here. Because that's how I have two kids, because I wanted them to be born it's not, because I wanted to be a mother...if you ask me what it is to be a mother, I don't know, it is confusing because I learned to be. I am learning to be a mother, but at the same time, I am learning to be me – (Sonia).

Marta recalled how she learned about caregiving in the past from her family, even before becoming a mother. She then relied on her past knowledge in her present life. The other participants talked about not knowing what or how it was to be a mother. They mentioned that they are learning to become mothers while they live in care. Sonia distinguishes between wanting to become a mother and mothering. She associates herself in the former and mentions that wanting to become a mother does not acquit one from learning to be a mother.

Also, learning to become a mother was not only perceived to have a present advantage, one participant made projections on how learning about motherhood now will be useful to her in the future after leaving care. She said:

In the future, it will be useful because we will remember or we will think: When I was inside (care institution) I learned a lot of things, they called my attention to this and I learned more because in the future it will be necessary – (Diana).

Moreover, in addition to having learned as mothers, participants' narratives show the ability to do things on their own. Thus, the adolescent mothers' experiences of support enabled them to become autonomous in performing their maternal roles. Even though assistance was readily available, participants mentioned that they were capable of doing things on their own without necessarily asking for assistance.

Concerning their autonomy to perform maternal roles, the participants had this to say:

Right now, I do things on my own, there's someone if I need it but it's not something I always consider – (Ana).

I never asked for help to take care of my child. When he has a fever, I know he has a fever, I know what I should do what I shouldn't do – (Marta).

I am more active, I have more knowledge, and I have more autonomy because we also work on the autonomy part – (Diana).

From the findings, it can be seen that the knowledge about motherhood and being able to perform maternal roles is a key strength because adolescent mothers will eventually transition from care into independent living where they will be required to do things by themselves. Being able to perform maternal roles independently signifies the maturity of adolescent mothers. Shea et al. (2016) agree with this as they indicate that the mothering experience of young mothers make them develop autonomy; thus, becoming independent, responsible and matured.

5.5.2 Ability to combine roles

Another strength of adolescent mothers was their ability to combine multiple roles – being mothers, students, and employees. Again, this strength was possible because of the support adolescent mothers experienced in the care institution. Adolescent mothers' ability to combine multiple roles comes against the backdrop that adolescent mothers are faced with role conflict in their transition to motherhood. Mangeli et al. (2017) talked about adolescent mothers' conflict of roles with their school and maternity, and adolescence and maternity. The findings point out that adolescent mothers were engaged in other activities like school and work alongside caregiving. At the time of the interviews, two participants indicated that they were studying and working at the same time, two other participants were only working, and one participant was only studying. Participants discussed their ability to combine either work and/or school to caregiving as mothers. In their responses, they displayed an awareness of what is expected of them as mothers and as students and/or workers, knowing when to do what.

Participants described how they were able to reconcile their multiple roles. Having their children attend the in-house daycare afforded the adolescent mothers enough time to reconcile caregiving with other roles – like going to school and/or work. They said:

I can reconcile well because I have one in the daycare here, so I take the other to school. Then I go to work, then I go out and have time to pick up the older one from school. That's why I can reconcile it well with care too because at night it's dinner, bathing, tooth washing that's hygiene and bedding – (Diana).

...I prepare the child, have fast and take him to the daycare here, at 8:30, I have to be at the course, which is nearby too, and after that, I go to work and then I come back, they (professionals) pick my son up – (Silvia).

Other participants who did not have their children in the in-house daycare also talked about how they managed to reconcile multiple roles. They said:

I'm able to study because there is a professional who takes my child to school. If it were not the professional, if his school wasn't close, I don't think I would be able to either – (Marta).

I study and work at the same time. It's a little difficult, but it's possible. My school made it easy for me to study in the morning until 12:15 pm so that I can go to work at 1 pm and leave at 6:30. I work from Monday to Saturday; except Wednesday and Sunday. So, I take advantage of the days when I can be with him, ready to do different things, being that on the other days I have a very complicated schedule. But I try to do something good in small moments – (Ana).

Marta's child attended a daycare outside the institution. The findings show that she was able to reconcile studying and caregiving because of the support she received from a professional from the institution. Also, Ana was able to reconcile work and going to school because her school gave her a flexible schedule and she dedicated her free days to provide utmost care to her child. Thus, external sources of support, like from the school, are also useful in developing strengths. The foregoing highlights that with support adolescent mothers were strengthened to combine multiple roles concerning school, work, and maternity. The findings agree with Álvares and Merlini (2014) that young mothers' experiences of support make it possible for them to reconcile their maternal roles with work and their personal life.

5.5.3 Ability to satisfy needs

The adolescent mothers living in care were also able to satisfy their needs with support. Having a background of poverty and disadvantage, support enabled adolescent mothers to meet their personal needs and the needs of their children. The findings reveal that the adolescent mothers could enroll themselves in school, enroll their children in school, and secure jobs by the support they experienced. Also, they were able to satisfy basic needs: food, clothes, health, and diapers for babies.

Participants said:

I think it is very good to be here to have this support that I'm having now. Because I got my studies, I got a course and I got all my documents up to date and I got my son in a school, that was very difficult – (Marta).

Here, I have food, I have diapers, I have clothes for my son, and here I can save my money together to get out of here one day. If I had been outside, I think I would not have been able to save money, even if I were working – (Silvia).

Well, we don't have everything we want but we have what we need. So, it's the most important thing, whether it's health or hygiene, they help a lot...that's how the support for me is, from zero to 10, it's 9 or 8. It's very important for me to be here – (Sonia).

Marta had initially complained about being unable to renew her documents after experiencing a breakdown in family relationship. By virtue of support, she was able to renew her documents and enroll into school. On the other hand, *Silvia* contrasted being in care to being outside of care and remarked that being in care had enabled her to acquire her basic needs and been able to save money. *Sonia* rates her experience of support to be 8.5/10 because she gets everything she needs. Therefore, support is an important resource without which adolescent mothers would be handicapped in satisfying their needs. Adolescent mothers' ability to satisfy their needs counts as a strength to them.

5.5.4 Willpower

Personal strengths were not lost in participants' accounts of their support experiences. Thus, participants talked about displaying personal strengths to cope with the challenging situations in motherhood. Willpower was identified to form part of the strength reserve of adolescent mothers.

One participant highlighted that being in care means support is more or less guaranteed, however it requires willpower to be able to get things done as a mother:

Here, we're supported for everything. But that's the way it is, if we don't act step by step, nothing happens, nothing gets done. I think that it really fits our willpower, to hold on to our children, for me, there is nothing more important than them... hold on to the strength that I have, the love that I feel for them... – (Sonia).

Sonia further described an instance where she applied her willpower in the face of difficulty:

...Single mothers have a lot of difficulties. It's not that we don't want to work, but it's very difficult and I end up subjecting myself to work...It's very tiring to get to the end of the day and with pains everywhere. And I go to pick up my son from school and bring my daughter in my lap and another one in my hand. It's not easy, you have to have a lot of willpower to

pick them both up and take the bus and walk a bit more and come to dinner and bed – (Sonia).

The above finding shows that the adolescent mothers living in care do not only experience or talk about the difficulties of motherhood, they also project their strengths in coping with the difficult moments. The display of willpower by adolescent mothers shows that they are not only dependent on support to draw strengths, also they have inherent strengths that they deploy in their life moments.

5.6 Future expectations of support

We have support here, but after we leave, we don't get support. Meanwhile, we can also sometimes get a little lost and not be able to do things as the ideal – (Ana).

Exploring the future expectations of support for adolescent mothers living in care was necessary because the participants expressed their desire to transition into independent lives, as such the study would have been seriously impaired if the participants' expectations for the future were not further explored. Experiencing support for a good amount of time as an adolescent mother in care and leaving care to start fending for themselves is a difficult transition. The above quote by *Ana* bemoans the fact that the support adolescent mothers enjoy in care ceases after they leave care. This and other factors make it important to understand what adolescent mothers expect in support after they leave care. The findings highlight that participants' descriptions of their experiences of support was not only limited to their lives prior to motherhood and their present transition in care, but they also talked about their desire to leave care and the support they expected to experience in their future transition out of care. By identifying the adolescent mothers' future expectations of support, another part of the life course was explored, that is, their future transition into independent living. Apart from expressing desire to transition into independent living, the adolescent mothers identified the need for guidance in their future transition owing to anticipated difficulties. Moreover, the findings show that adolescent mothers had high hopes and ambitions for their future transition into independent lives. Therefore, the participants' future expectations of support centered on the desire to transition into independent living, the need for someone to guide them in their transition into independent living, and their hopes for life. Under this theme, three sub-themes emerged: desire to transition into independent living, accompaniment and hopes for the future: education, employment, accommodation, hopes for children.

5.6.1 Desire to transition into independent living

Even though the adolescent mothers in this study were happy with the support they experienced within the care institution, they did not want to be reliant on it and felt it was time to move on to the next stage of their lives. This explains that the adolescent mothers living in care require more welfare/benefit-independence and autonomy. The finding presents a contrary view to previous literature (Klerman, 1993; Daguerre & Nativel, 2006) which asserts that adolescent mothers may experience long-term welfare dependency or may purposefully become benefit/welfare-dependent. The findings show that the desire to transition into independent living was motivated by feeling of maturity, the need for personal freedom, and the need for privacy.

Some participants explained how the shortcomings of the care system and their need for personal freedom and privacy influenced their desire to transition into independent living:

Being here is very good, but we also suffer, and I miss having a home, I miss having my space, my privacy but I am also afraid because I know that day is coming – (Sonia).

But it's about time I got out of here, I just don't have anywhere to go yet... Here we are prepared for when we go outside, of course, there are things out there that will also be easier than in here. I don't know, it's personally different because out there we're minding our own business, 'we're not stuck in an institution' – (Silvia).

All I'm doing now is to see when this is over to leave the institution...because I also want my freedom...I want to do a lot of things that we can't do here. I'm thinking of getting out of here by this summer... I wanted to stay longer, I just wanted to study at night and work at the same time, but they don't accept that here – (Marta).

Also, another motivating factor for the desire to transition from care was the feeling of maturity. *Marta* further said:

Now, everyone here is of age, social security could help the mothers here to get the chamber house. For us to get out of here and give other people the opportunity; let the other mothers come here to have the experience that we have – (Marta).

The above findings also show that some participants were uncertain and doubtful about what the future out of care would be with *Sonia* saying, “she is afraid...” and *Silvia* not having anywhere to go yet. Despite her uncertainty, *Silvia* was positive about what awaits her out of care and thought that being out of care alone removes a certain stigma from her. Teenage mothers object to being stereotyped as being willfully dependent on benefits, in this case benefiting in care, but would rather want to be seen as young people with their own aspirations (Yardley, 2008). Also, *Marta* who initially expressed the need for personal freedom further added that she felt that the adolescent mothers in care are of age and must be supported to leave care to make room for other vulnerable adolescent mothers who do not have support to come into care. This shows a feeling of maturity needed to transition into independent living as well as concern for colleague mothers who might be in need in the community.

From the accounts of the participants, the feeling of maturity was expressed in age-wise, even though most of the participants were still in their teens, and the fact that they felt prepared for the transition. This signifies the possibility of success in the intervention agenda of the care institution which includes promoting parental responsibility and autonomy for the young mothers (Diário Da República, 2004). Also, the need for personal freedom was to be able to decide and act autonomously without being restricted by the care rules. This also ties in with maturity in the sense that the adolescent mothers felt restricted by the care professionals and wanted to be in charge of their lives. The need for privacy means adolescent mothers required their own living space without any intrusion. Another unmentioned yet probable factor that could influence adolescent mothers' desire to transition from care is the time spent in care. The average time spent for all the adolescent mothers who desired to transition from care was 26 months, at the time of the interviews. It can be argued that the adolescent mothers had already spent enough time in care and wanted to experience a new dimension of life. The desire to transition from care into independent living, though a progressive thought by adolescent mothers, Herrman (2006) draws our attention to the possibility that adolescent mothers wanting independence may revert to social or self-isolation.

5.6.2 Accompaniment

Due to the anticipated uncertainties with the transition into independent living, participants expressed the need for someone who would guide them in their transition, that is, when they face difficulties in the early days of their transition from care. Adolescent mothers believed that this

support would help them to manage their doubts and solve the difficult problems that may confront them after leaving care.

Participants talked about their future expectations of accompaniment in the following ways:

Maybe during the early days, to have someone who would accompany me when I have some doubts, to help me deal with matters that are more difficult for me at the beginning that I don't yet know how to do alone. Like going to some places that are sometimes important to deal with issues – (Ana).

I'd like to continue being accompanied by them here. It's important, not just for the support they give. But it's important because they help us with our self-esteem, a lot. I always told my technician that she won't leave me. I always want to have the contact, I won't say for 24 hours, but always have someone with whom I can share my doubts or say how I can do things. That they can lead me to the best way – (Sonia).

In the accompaniment of my children and myself – (Diana)

Related to the above finding, Álvares and Merlini (2014) also found that young mothers anticipate a difficult short-term future because they will no longer be under professional tutelage after leaving care. The findings show that participants' expectations of accompaniment were based on doubts and anticipation of difficulties that may come with leaving care, hence, requiring the need for support. Their doubts are not surprising since the transition to independent living is marked by uncertainty, risk, and vulnerability for young people (Artamonova, 2018).

Another participant expected to experience accompaniment in a reverse way. That is, she expected to be the one to keep contact with the institution whenever she needed assistance in the future. She said:

Maybe I'll stay here in escort when I leave, if I have any questions, I'll come here and ask – (Silvia).

It is important not to misconstrue adolescent mothers' strength of maternal role competence, which shows their autonomy to do things, to mean they have figured it all out as mothers. Indeed, independent living out of care is full of new experiences, some of which young mothers have never encountered. Therefore, having someone to guide them in the early stages of the transition would forestall any unforeseen eventualities. Also, when adolescent mothers are accompanied in their transition from care, instances of then falling back into social isolation would be prevented. Moreover, being accompanied is particularly important since some adolescent mothers do not expect much from their social support network after they leave care. The adolescent mothers' need for accompaniment in their transition into independent living is consistent with the CAV social response, which employs follow-up services for young mothers at social, emotional, and economic risk.

5.6.3 Hopes

Hopes for the future outlines the things that participants seek to achieve in the future. The findings show that participants have high hopes for their respective future; hopes for a better life for themselves and their children. Their expressions of hope further give an indication of the things they expect to achieve and the need for support in helping them to achieve those things after they transition into independent living. Thus, contrary to existing knowledge that early motherhood is

evidence of adolescent mothers' low expectations of life, particularly with educational attainment and employment (Social Exclusion Unit, 1999; Daguerre & Nativel, 2006; Barn & Mantovani, 2007; National Teenage Pregnancy Strategy, 2010), the findings in the present study posit that adolescent mothers have high expectations of life with their; hopes to further their education, hope to get their dream jobs, hope to own houses and above all hopes to be good parents to their children. Drawing from the strengths perspective, the hopes of the adolescent mothers form part of their significant strengths (see, Saleebey, 2012b; Healy, 2014).

5.6.3.1 Education

Early motherhood interrupts the educational attainment of adolescent mothers, with some dropping out of school. The findings show that adolescent mothers did not get bogged down after dropping out of school because of motherhood. Rather, with the right amount of support like in the case of the participants in this study, adolescent mothers develop hopes to get back to school. Thus, after transitioning to motherhood and experiencing support, all the adolescent mothers in this study developed high hopes of returning to school or taking some professional courses and going to college. Álvares and Merlini (2014) identified that early pregnancy leads to early school drop-out, however, young mothers have high expectations of returning to school.

Most participants were students at the time of the interviews, and they had hope to continue with their education after leaving care. Only *Sonia* did not talk about furthering her education after leaving care; and even with her, she had completed several courses. She said:

As I came here being of age, what I did was to occupy myself and to invest in myself. I was not yet in the ninth grade when I came here, and enrolled in several courses, I was accepted in one. And I took the course until the end of the course – (Sonia).

In the short term, participants hoped to continue school after leaving care. They said:

Supposedly by the time I get out of here I'll be almost done with school – (Ana).

Because I gave birth, I stopped schooling. But so far, I'm studying. So, I'm trying to see if I could continue my studies so, I wouldn't give up on myself too. Thus, getting my son to school and trying to organize my studies and work at the same time. If I am unable to combine all of these, I'll just work – (Marta).

Marta anticipated the challenge of having to manage her child's education with her own education and work. She mentioned that she would forgo her education if things become difficult. This situation is also captured by Maxwell et al. (2011) who found that most young mothers leaving care sometimes sideline their ideal goals when they feel overwhelmed by the reality of motherhood.

Also, *Diana* who was not studying at the time of the interviews mentioned that after leaving care, she would resume studies. She quit school because working and studying at the same time was difficult for her. But she hoped to further her studies after getting some stability in life:

I hope to have stability and get the 12th year because I was taking the 12th but could not reconcile and preferred to work too. So, I ended up quitting studies – (Diana).

For the long term, hope to pursue higher studies were discussed. *Silvia* said:

My priority is to finish the 12th. I hope to go to college after graduation, and I don't know how that's going to be like for students who take professional courses to go to college – (Silvia).

Silvia talked about her high hope to pursue higher learning at college, however, she indicated her need for information about her educational aspirations. This is an indication that adolescent mothers need more engagement and information about their educational goals.

5.6.3.2 Employment

Participants expressed hopes about employment after they leave care. Most of the participants were already employed at the time of the interviews but on furlough due to a national lockdown in Portugal occasioned by the COVID-19 outbreak. This shows that adolescent mothers are hardworking people who do not relent in improving their economic situation despite receiving support. This is also another indication that adolescent mothers have high expectations of life.

In the short term, all the participants had hope to secure a steady job that would also afford them enough time to do other things like going to school and providing care to their children. They said:

Okay, I just want a chance to work and I'll adapt to anything. So, I just want to work, a flexible schedule to take care of my child – (Silvia).

I'd like to have a more certain job, with a schedule that I could get to work and make them my life as a mother and I think that's going to be more complicated – (Sonia).

I hope to have a job that recognizes the efforts of the worker, which is very difficult – (Ana).

From the accounts of Sonia and Ana, they express their hope in getting a job however, they mention how difficult getting a job of their choice would be. This shows that they require support in achieving this hope.

Another participant talked about her strength in finding a steady job and indicated that if her own strength is not enough to find a job; she will resort to asking for assistance. She said:

Having a steady job...In that part, I'm very autonomous. I'm really going to find a job myself. I'm going to send curriculums over the internet, then deliver them personally, I will go to the shops or supermarkets to ask if they need it. I don't ask for support; I go after it. I go in the back alone to see if I can get it or not; if not, then I could ask for support – (Diana).

Apart from finding an immediate steady job after leaving care, some participants talked about their long-term hope regarding employment. They said:

I've always dreamed of going into the military since I was a mother for the first time. I don't know if I'm going to be able to do it, but I hope I at least have some support in it. I wanted to sign up before, but I got pregnant when I turned 18, and today, I'm 23. And I think it's up to 24. So next year is the last year I have left to hope – (Sonia).

I want to be the flight attendant – (Ana).

Sonia and Ana expect to land their dream jobs as a long-term hope. However, it can be gleaned from Sonia's account that she previously planned to apply for her dream job but could not apply because of a repeat pregnancy. Her account shows the need for support to be able to reach her

dream job.

5.6.3.3 Accommodation

Getting accommodation was identified as one important expectation for adolescent mothers after leaving care. Regarding accommodation, participants mainly expected to receive support from the state, however, they expressed uncertainty and worry about getting it. Also, family support was mentioned as an alternative should in case the state is unable to provide housing to adolescent mothers.

Participants said:

I'm more worried about housing because that's all I need, to have the housing for my children and me, then my focus is more on that because I have to have a house for them and for me to get out of here – (Diana).

That I could get the chamber house, but it's too hard and I won't expect it. The chamber house is too difficult for us to access these days. In the past they used to help the mothers in the institution, they gave the house to the mothers, but it is difficult – (Marta).

We should have the chamber house, which is something that I think is going to be impossible in today's times because everything is changed – (Silvia).

For some reason, the participants had less hope in getting the state housing. They described it as difficult and complicated to get. This means that they will need support to be able to get the state housing.

Talking about her future hope for accommodation and the uncertainty surrounding the chamber house, *Ana* pointed out the option of falling back on her social support by moving into her father's home. She said:

I'm supposed to, I don't know yet, have a house given by the Lisbon city council, but it's a bit difficult. So, I'm going to my dad's house in this case – (Ana).

However, not all hope was lost in getting the state housing after leaving care. At the time of the interviews one participant had managed to get the chamber house with the help of her technician. *Sonia* indicated that she will move into the house with her children after leaving care. She said:

Right now, I had the support of my technician to get the chamber house and for me, it was very important. Because I didn't know how, if I didn't have the chamber, I don't know how I would be paying high rent, with the rest of the house bills plus the children's expenses – (Sonia).

The findings also reveal the participants' long-term hope for accommodation:

These are some goals, which I set myself...to get a good space to live with my son until I can buy a house – (Ana).

Apart from finding an immediate accommodation after leaving care, *Ana* expressed the hope of owning a house in the future. This shows the height of adolescent mothers' aspirations.

5.6.3.4 Hopes for children

Adolescent mothers do not only have hopes for themselves but their children too. Participants talked about their hopes for their children. They mainly mentioned how they plan to give care to their children and the life they wanted their children to have. Again, participants hope for their children were discussed in two-fold; short and long term.

In the short-term, participants talked about getting the very basic things in parenting right and getting a babysitter to assist them with caregiving:

I keep thinking about tomorrow because I'm afraid I won't get the basics. Because I don't want everything, I want to have the basics. To be able to give the basics to my kids – (Sonia).

I intend to get more hours of work, but I'll need a nanny. I'm going to need someone who can take care of my kids, that is, I'm going to give up the little time that I have with them to get a smaller job and earn a little more – (Sonia).

To have a social security nanny, that support would be useful. Having a social security babysitter when I can't take him to school. To get someone who will take him to school and stuff – (Marta).

The above finding shows how participants intended to provide care to their children after transitioning into independent living. They specifically mentioned that after leaving care they would need the help of a babysitter because of their anticipated busy schedules that will come with combining school, work, and maternal roles.

Marta further complained about no longer receiving financial support for her child. Being an unemployed adolescent mother, this support would help her with the daily upkeep of the child. She said:

Because I stopped receiving the allowance for my son. My son got the allowance for a year, then they never paid again, never said anything. They cut the allowance out of nothing, didn't explain it to me, didn't send a letter, nothing like that – (Marta).

In the long-term, participants said:

I think he (child) is in a good school and if he continues to be what he is now, I like him, and I hope he continues. And that's it, I hope he grows up well, with good manners – (Ana).

I plan to be a mother, a mother that I never had, for my son, to be an independent and very successful woman. I don't want my son to go through something like me, because I have a past, and I want my son to have the luck that I didn't have – (Silvia).

Ana wished to train their children well so that they grow up with good manners. Also, *Silvia's* account show that adolescent mothers become conscious of their disadvantaged backgrounds and are willing to offer a better life to their children. *Silvia* did not have the support of her mother after becoming pregnant, but she hoped to become the mother that she did not have, for her child. Maxwell et al. (2011) confirm this finding by asserting that young care-leaving mothers have hope to provide the ideal childhood they (young mothers) did not have, to their children.

In connection with adolescent mothers' high expectations of life, Yardley (2008, p.675) found that referring to adolescent mothers as people with low expectations of life and are willfully dependent

on benefit constitutes stereotyping and a misrepresentation, because they have ambitions for education, employment, and training.

From the above, participants expressed hopes about education, employment, accommodation, and plans for their children. The findings reveal that majority of the adolescent mothers were employed and had hopes of continuing work and aspired to get their dream jobs. Concerning getting back to school and working at the same time, adolescent mothers were conscious of the need to balance these roles with their maternal role. In this regard, they planned to get a babysitter to take care of their children while they are away, work for shorter hours, or work close to home to be able to make time for their children. On accommodation, adolescent mothers mainly expected support from the state and their family however, it was not lost on them to own a house in the future. In a similar study, *Álvares and Merlini (2014)* also found that young mothers showed ambition and optimism towards the medium to long term future with high expectations of owning a house and getting a stable job.

The present study, therefore, interprets adolescent mothers' expressions of hope as very sophisticated in the sense that they expressed their hopes in two-fold; short term and long term. This is similar to *Álvares and Merlini (2014)* who found that young mothers were able to enunciate their short and medium to long term future goals and anticipations.

Table 6: Expression of hopes in two-fold

Hopes	Short term	Long term
Accommodation	<ol style="list-style-type: none"> 1. Getting a private state housing facility 2. Going back to parents' house 	<ol style="list-style-type: none"> 1. Owning a house
Education	<ol style="list-style-type: none"> 1. Going back to school after dropping out 2. Finishing the 12th grade 3. Completing professional courses 	<ol style="list-style-type: none"> 1. Going to college
Employment	<ol style="list-style-type: none"> 1. Getting a stable and flexible job to be able to reconcile maternal roles with other roles 	<ol style="list-style-type: none"> 1. Getting their dream job
Children	<ol style="list-style-type: none"> 1. Giving the basics to children 2. Getting a nanny or a social security babysitter 	<ol style="list-style-type: none"> 1. Becoming good mothers and being successful to prevent the child from experiencing any cycle of disadvantage 2. Growing up well with good manners

To sum up, young care leavers in another study pointed out the importance of experiencing support and advice for housing, financial, employment, education, and emotional, however very few were supported in the planning of their education and employment (*Höjer & Sjöblom, 2014*). This brings

us to how to actualize the above-identified hopes and aspirations of adolescent mothers. The present study has done the good of bringing to the fore the hopes of adolescent mothers even before they make the future transition to into independent living. Out of the identified hopes, we now know what support to provide adolescent mothers who live in care and will later transition out of care.

5.7 Chapter Summary

This chapter presented the findings from the thematically analyzed data. The findings were discussed to answer the general research question of “how do adolescent mothers living in care experience support in their life transitions?”. Also, the findings reflected the theoretical choices – LCA and Strengths-based approach – adopted in this study and relevant previous literature. It is important to mention that this chapter integrated discussions of the findings unlike some studies that reserve establish an independent chapter for discussions. The discussion in this chapter involved using extant studies and the theories selected for this study to analyze the findings.

6 CHAPTER SIX - SUMMARY AND CONCLUSIONS

This qualitative study aimed at exploring the experiences of support in the life transitions of adolescent mothers living in care in Portugal. The following research questions were pursued in this study; how did adolescent mothers living in care experience support prior to motherhood, how do adolescent mothers living in care experience support in their transition to motherhood, how do adolescent mothers living in care manage their challenges through support, and what are the future expectations of support of adolescent mothers living in care. The study has revealed that adolescent mothers living in care experienced a past characterized by disadvantage, a present that marks a turning point from insufficient to enough support and full of strengths, and a future full of high hopes and aspirations. The varying experiences signifies that adolescent mothers' lives change over time with the context. Considering the above, this study makes four conclusions. However, caution is hereupon issued that the conclusions should not be generalized to reflect the experiences of all adolescent mothers living in care in Portugal or the world but to be appreciated that among some adolescent mothers living in care the conclusions largely reflect their lived experiences of support.

First, this study has found that prior to motherhood, the adolescent mothers experienced insufficient support in sex education and contraception, and family planning from their families and schools. Being disregarded as too young to know about sexual issues and their own discomfort in knowing about sex education and contraception were the main reasons adduced for adolescent mothers' experiences of insufficient sexual support. Therefore, in the absence of sexual support that culminated to the ignorance of adolescent mothers in sex education and the use of contraceptives, they became pregnant. The study also found that adolescent pregnancy may be planned, thus, knowing about sex education and contraception may not matter much in such instances. Rather, structural family issues of having a mother who was also an adolescent mother accounted for the planned pregnancy, since the mothers of adolescent mothers cut a role model figure for the adolescent mothers. Furthermore prior to motherhood, the adolescent mothers experienced a breakdown in their family relationships because they became pregnant. This disruption in family relationships made them lack adequate family care. Thus, adolescent mothers expected their parents to be there for them after becoming pregnant, but their parents did not accept the responsibility to take care of them, leaving them in great vulnerability.

Three LCA principles are evident in the adolescent mothers' experiences of support prior to motherhood: historical time, timing of lives and linked lives. The insufficient sexual support represents the historical times of adolescent mothers' lives that revealed the underlining factors to their early motherhood. Also, the early pregnancy of the adolescent mothers and the backlash from their family shows that their pregnancies were perceived as ill-timed by their families. Again, the adolescent mothers' own account of not planning their pregnancies further shows an admission of ill-timed transition to motherhood. However, the case of the planned pregnancy exposes us to the subjective timing of lives, where some adolescent mothers may perceive the timing of motherhood as on-time. Also, the need for family care and support for adolescent mothers and the breakdown in their family relationships owing to their pregnancies, shows that human lives are linked. Thus, the adolescent mothers became vulnerable after experiencing a breakdown in their family relationships.

This study, therefore, concludes that the experiences of insufficient sexual support and family care, prior to motherhood, predisposed the adolescent mothers living in care into early pregnancy; and the early pregnancy caused a breakdown in their family relationships that further drifted them into vulnerability.

Second, this study has found that after transitioning into motherhood with disrupted family relationships, the adolescent mothers fell into situations of great vulnerability thereby leading to their placement into care. It was further revealed that the transition into care represented a major turning point in the lives of adolescent mothers who began to experience institutional support. The turning point reflected in their family relationships and sexual reproductive life; through experiencing the presence of their estranged family and learning about contraception and planning their births. Moreover, the adolescent mothers experienced institutional support that helped their motherhood transition: housing for the adolescent mothers and their children; childcare assistance including an in-house daycare service; a helping hand from care staff; and group support from colleague mothers. The findings showed that the in-house daycare service promoted proximity, affordability, and flexibility in childcare for the adolescent mothers. Also, group support among colleague mothers manifested in sharing with each other, learning from each other, and leaning on each other.

Moreover, this study has found that the adolescent mothers living in care experienced support from their social network capital. Adolescent mothers' social network included their families, friends, and partners. The findings revealed that institutional support facilitated the reunion of adolescent mothers and their families. Therefore, adolescent mothers who had previously experienced family relationship breakdown were reconnected with their families after they moved into care; where their families could visit them, and provide material and emotional support to them. Also, adolescent mothers in turn could visit their family homes during weekends. As part of social support, adolescent mothers experienced partner support through partner involvement from their child's father, romantic partner, and support from a female relative likened to father's role. Therefore, I adapted Jayakody & Kalil's (2002) concept of 'male relative social father' into 'female relative social father' as a key revelation of the present study. The adolescent mothers' experiences of support from partners and friends involved financial assistance, emotional support, visiting, and communication. Moreover, the little support from the children of adolescent mothers was identified to be a valuable support.

The adolescent mothers' experiences of a turning point from vulnerability to institutional support and social support reflect the LCA and the strengths-based approach. Particularly, the principle of linked lives was reflected in the presence of estranged family, social support from friends and partners and group support from colleague mothers within care. All these collectively constitute resources that are strengths for the adolescent mothers.

This study, therefore, concludes that the adolescent mothers experienced institutional and social support after transitioning into motherhood. They experienced institutional support through transitioning into care which marked a turning point in their otherwise disadvantaged prior experiences. Also, they experienced social support from the family, friend, partner, and in some cases the growing child.

Third, this study has revealed that the experiences of support sparked the development of strengths for adolescent mothers living in care. The strengths of the adolescent mothers mainly enabled them to manage their difficulties as young parents. Through their experiences of support the adolescent mothers living in care were able to develop; maternal role competence, the ability to combine roles, and the ability to satisfy needs. Also, one personal strength, willpower, was identified as a strength of adolescent mothers living in care. Maternal role competence reflected in adolescent mothers' having learned about maternity and their ability to perform maternal roles autonomously without accessing available assistance. Learning to be a mother was more experienced in their transition into care but for one mother she learned about childcare from her grandparents prior to motherhood. Furthermore, adolescent mothers were able to reconcile roles like school, work, and maternity because of their experiences of support. For instance, having an in-house daycare facility and the assistance of the care staff were very important for the adolescent mothers to perform multiple roles like going to school and/or work. Also, adolescent mothers were able to satisfy their personal needs and their children's needs through their experiences of support. The personal strength of willpower represents more of the resilience to withstand the difficulties of being a single young mother. Here, the strengths of the adolescent mothers living in care have been conceptualized within the strengths-based approach adopted for this study.

Therefore, this study concludes that the adolescent mothers' experiences of support empowered them to develop strengths to manage their motherhood transition and to show resilience in the face of the challenges of being single young mothers. Most importantly, the development of strengths by adolescent mothers living in care do not only have a present advantage, but they projected that their present development of strengths will also improve their lives in their future transition into independent living.

Fourth, unlike the stereotype that early motherhood represents that adolescent mothers have low expectations of life, this study has revealed that adolescent mothers really have high expectations of life especially for their future transition into independent living. The study revealed that the adolescent mothers living in care desired to transition into independent living because they felt matured, needed personal freedom and privacy. Moreover, the adolescent mothers living in care expected to experience future support through accompaniment, and in reaching their hopes for pursuing education, securing employment, getting accommodation and caring for their children. Regarding accompaniment, the adolescent mothers expected institutional and social support in helping them to integrate properly into the community after leaving care. Thus, to have people to guide and advise them in case they encounter doubts or difficulties in the early stages after leaving care. Also, the adolescent mothers expected their families and partners to continue to be present in their lives in their future transition into independent living.

Furthermore, the adolescent mothers' expression of hopes for their future transition into independent living was in two-fold, that is, short term and long term. On education, adolescent mothers hoped to go back or continue school at least until completing their secondary education, in the short term. Also, pursuing higher education in the college constituted part of adolescent mothers' educational hopes, for the long term. On employment, adolescent mothers hoped to find a stable and flexible job in their early stages of transition into independent living, in the short term. In the long term, they hoped to secure their dream jobs. On accommodation, adolescent mothers

expected the state to support them with independent housing after leaving care, even though they admitted getting the state housing is difficult. However, with the limited chances of getting the state housing, going back into their parents' home was conceived as an alternative. In the long term, adolescent mothers hoped to own a house. Finally, on their hopes for their children, adolescent mothers expected to be able to provide the basic needs of their children and get the assistance of a nanny or social security babysitter to provide care to their children while they go to work and/or school. In the long term, adolescent mothers expected to bequeath a successful legacy to their children so that unlike them (adolescent mothers), their children will not be entangled in a cycle of disadvantage. Also, children growing up with good manners was hoped for in the long term.

The expectation of accompaniment and the hopes of the adolescent mothers living in care demonstrates the LCA and the strengths perspective. The LCA reflects in the future transition to independent living which captures another stage in their life course, while the hopes of the adolescent mothers living in care represent their strengths.

Therefore, this study concludes that the adolescent mothers living in care have high expectations of life that are reflected in their desire to be autonomous, their need for accompaniment, and their elaborate hopes - education, employment, accommodation, and hopes for their children.

6.1 Implications and recommendations

Based on the findings of this study which has explored the experiences of support in the life transitions of adolescent mothers living in care in Portugal; the following implications and recommendations have been made on policy and practice, future research, and social work education – MFamily academic program.

6.1.1.1 Policy and Practice

Knowing from the present study that adolescent motherhood is caused by access to insufficient support in sex education and contraception and not because adolescent mothers have low life expectations, effort should be promoted at providing comprehensive sexual and family support. Policy interventions should particularly focus on how they can properly train or educate parents and schools about how to educate young people about sexual issues. Sex education in schools has had several debates in Portugal from 1984 when the right to sex education was approved through to 2009 where sex education in school was established. The law 60/2009 was regulated through Ordinance No. 196A/2010, however, over the years the operationalization of sex education in schools has been difficult. This calls for innovative ways in getting the message of sex education across to adolescent boys and girls. For instance, the growing influence of the internet and social media presents avenues for sex education to be carried through to young people. Also, policy makers should consider the concept of training young people to become peer educators who would in turn educate their colleagues.

Care institutions should have a specific period in which they can host adolescent mothers in care along with individual-specific programs for each of them. This is necessary because the longer adolescent mothers stay in care, the more they become bored and feel dependent. As the findings in this study have shown, while experiencing support adolescent mothers developed feelings of maturity and desire to live independent lives. Support for adolescent mothers should, therefore, be

organized in a manner that will not make adolescent mothers become benefit-dependent but empowered to become independent. Also, care institutions established to host pregnant and/or puerperal adolescent mothers must consider the importance of having an in-house daycare service for the babies. As this study has highlighted, in-house daycare services enhance the caregiving of adolescent mothers by ensuring them proximity, affordability, and flexibility.

This study has further emphasized the fact that adolescent mothers have personal strengths and strengths developed through support. Therefore, support for adolescent mothers should be geared towards honing and building their strengths so that they can become self-sufficient. Care for adolescent mothers should mimic the best practice of the CAV which advocates that the intervention by care institutions should particularly focus more on empowering the development of skills for autonomy and self-sufficiency of adolescent mothers. As this study has revealed empirically, the care system enabled the adolescent mothers to become autonomous and matured. These strengths would not only be beneficial for their present life but also would fully prepare them for their future transition into independent living.

Also, this study has revealed that adolescent mothers have high hopes for their lives and their children's lives. The stereotyping of adolescent mothers as people with low expectations of life must cease because it demoralizes them. Practitioners and policymakers must embrace the reality as found in this study that early motherhood is largely caused by lack and insufficient support in sex education and contraception, and not because adolescent mothers in themselves have low expectations of life and seek solace in becoming parents. Drawing from the findings of this study, policymakers, and practitioners should make proactive decisions and plans to be able to support adolescent mothers after they transition out of care. Moreover, support that champions the education and professional qualification of adolescent mothers must be continued and be linked to the needs of adolescent mothers. This is important because it gives and strengthens the hopes of adolescent mothers.

Policymakers should begin to prioritize having enough care facilities to host pregnant and/or puerperal adolescent mothers and their babies. This is a better policy direction because of the enormous benefits it accrues to adolescent mothers who are in vulnerable situations. Instead of the child protection policy direction focusing on taking children away from mothers because of neglect, young mothers should be supported in the early stages of their pregnancy and childbirth through hosting them in the care system as they transition to motherhood.

6.1.1.2 Future research

Even though this study has contributed to building the literature base of pregnant and/or puerperal adolescent mothers who are placed into the care system, future studies should continue to investigate other aspects of this population of adolescent mothers because they are vulnerable and vary from the general population of adolescent mothers.

Considering the prior experiences of support of adolescent mothers, this study did not consider the care history of the adolescent mothers prior to motherhood. Knowledge of this could strengthen the perspective of their previous support and how that might have predisposed them to early motherhood, especially since studies (Barn & Mantovani, 2007) have shown that the care system

predisposes young women into early motherhood. Future research on this population of adolescent mothers should explore their history of care placements to ascertain how that constituted a risk or protective factor.

Future studies may consider conducting a longitudinal study, like SmithBattle & Leonard (1998) investigated adolescent mothers' four years later, to understand how adolescent mothers who lived in care are living their hopes and experiencing the support they wished for while they were in care. Such a study would enhance literature on adolescent mothers' hopes and the realities of independent living.

Also, using Skype video call interviews was particularly smooth for this study and it enabled me to navigate gender issues that could have been a bigger limitation to this study. With the predominance of online media platforms in the 21st century and how COVID-19 has directed our minds to the need to use online communication platforms, future researchers should consider using skype video call interviews for their work. However, future researchers must be cautious about data protection and privacy matters when using the Skype application.

The concept of 'female relative social father' as found in this study should be further explored. Bermea et al. (2019) similarly found among adolescent mothers living in care that they referred to female colleagues as 'baby daddy'. This indicates that adolescent mothers who are mostly single after birth may perceive fatherhood to mean more than the male gender's bona fide role. Also, future studies should focus on aspects relating to the men who bore the babies with adolescent mothers, that is, how they are supporting and why they most often than not break up their romantic relationship with adolescent mothers.

6.1.1.3 Social work – MFamily

This study perfectly fits the frame of social work with families and children because of its focus on adolescent mothers in vulnerable situations and been placed into care. The study will contribute to the concerted efforts by social workers and other allied professionals to promote the wellbeing of adolescent mothers and their children.

Moreover, the focus of the study on the support of adolescent mothers and the choice of strengths perspective shows how the study focused attention on highlighting the positive aspects of adolescent mothers amidst so many negatives written about them. The strengths perspective is considered as a theory of social work practice (Healy 2014). This shows that social workers can study people in vulnerable situations without emphasizing their vulnerabilities but projecting their strengths.

The conduct of this study has oriented the researcher to one practice experience, that is, being a male researcher studying a sensitive aspect of females' lives, adolescent motherhood. This is a reality that male social workers must embrace, that we will one way or the other be working with female clients. The outcome of this study shows that male researchers can investigate sensitive aspects of females' lives. Indeed, it is through explorations and understandings like this that males can become better partners in combating any gender problems.

6.1.2 Conclusion

The population of adolescent mothers living in care because they became pregnant or mothers and were vulnerable, is a unique population with different life histories and complex experiences. This study has shown that a better understanding of their experiences would be achieved through exploring their life moments in retrospection through to their yet-to-live future. In addition to the inherent strengths of these adolescent mothers, institutional support and social support have proven to be beneficial to them and their babies. Attention from policymakers, practitioners, and researchers should be given to this subgroup of adolescent mothers by promoting their strengths, hopes, and aspirations which have been unsung in much literature.

REFERENCES

- Aboim, S., Vasconcelos, P. and Wall, K. (2013) 'Support, social networks and the family in Portugal: two decades of research', *International Review of Sociology*, 23(1), 47-67.
- Adeboye, T. K. (2015) 'Young people transition process from family-oriented care to adulthood: Unveiling the Nexus of Reality in Life Course Approach', Master Dissertation submitted for European Master's in Social Work with Families and Children, ISCTE-IUL, Lisbon, Portugal. <https://repositorio.iscte-iul.pt/bitstream/10071/10352/1/Temitayo%20Adeboye.pdf>
- Adeboye, T. K., Guerreiro, M. D. D. and Höjer, I. (2019) 'Unveiling the experiences of young people in foster care: Perspectives from Portugal and Nigeria', *International Social Work*, 62(1), 433-446.
- Álvares, M and Merlini, S. (2014) 'Estudo de Avaliação do Programa de Qualificação e integração Profissional de Mães Adolescentes', Relatório Final de Avaliação, CIES-IUL, Portugal.
- Aparicio, E., Pecukonis, E. and O'Neale, S. (2015) 'The love that I was missing: Exploring the lived experience of motherhood among teen mothers in foster care', *Children and Youth Services Review*, 51(C), 44-54.
- Aparicio, E., Gioia, D. and Pecukonis, E. (2018) 'I can get through this and I will get through This: The unfolding journey of teenage motherhood in and beyond foster care', *Qualitative Social Work*, 17(1), 96-114.
- Arnett, J. J. (1997) 'Young people's conceptions of the transition to adulthood', *Youth & Society*, 29(1), 3-23.
- Artamonova, A. (2018) 'Family formation and transition to parenthood trajectories along generations: the role of living in the residential care in Portugal', Master Dissertation submitted for European Master's in Social Work with Families and Children. ISCTE-IUL, Lisbon, Portugal. https://repositorio.iscte-iul.pt/bitstream/10071/17382/1/master_alena%20artamonova.pdf
- Arts, W., and Gelissen, J. (2002) 'Three worlds of welfare capitalism or more? A state-of-the-art report', *Journal of European social policy*, 12(2), 137-158.
- Associação Humanidades (Humanus) (2020). Accessed from <http://www.humanus.pt/>
- Barbas, L. S. M. (2014) 'Lar De Infância e Juventude Especializado: o Modelo Terapêutico Na Perspetiva Dos Jovens E Suas Famílias', Dissertação de Mestrado Educação e Proteção de Crianças e Jovens em Risco. Instituto Politécnico de Portalegre Escola Superior de Educação de Portalegre. <https://comum.rcaap.pt/bitstream/10400.26/8481/1/L%C3%BAcia%20Sofia%20Mourato%20Barbas.pdf>
- Barn, R. and Mantovani, N. (2007) 'Young mothers and the care system: Contextualizing risk and vulnerability', *The British Journal of Social Work*, 37(2), 225-243. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1093/bjsw/bcl002>.
- Bermea, A. M., Forenza, B., Heidi, A. R. and Toews, M. L. (2019) 'Resiliency and adolescent motherhood in the context of residential foster care', *C & A, Child & Adolescent Social Work Journal*, 36(5), 459-470. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1007/s10560-018-0574-0>.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative research in psychology*, 3(2), 77-101.

British Sociological Association (BSA) (2017) Statement of ethical principles. Accessed on 26/06/2020 https://www.britsoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf

Brook, G., Brooks, T., Coldron, Y., Hawkes, R., et al. (2013) 'Physiotherapy in women's health', Chapter 27 in "Tidy's physiotherapy", (fifteen edition), pp 605-635, Churchill Livingstone.

Bryman, A. (2012) 'Social Research Methods', Book (4th ed., Vol. 4th), Oxford.

Bucknall, A. and Bick, D., (2019) 'Repeat pregnancies in teenage mothers: An exploratory study', *Journal of Advanced Nursing*, 75(11), pp.2923-2933.

Bunting, L., & McAuley, C. (2004) 'Research review: Teenage pregnancy and parenthood: The role of fathers', *Child & Family Social Work*, 9(3), 295-303. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1111/j.1365-2206.2004.00335.x>.

Carta Social (2020) 'Services and equipment network'. Accessed on 26/06/2020 http://www.cartasocial.pt./index2.php?filtrar=hidden&foco=cb_distrito&cod_distrito=0&cod_concelho=0&cod_freguesia=0&cod_area=3&cod_valencia=3106

Chase, E., Maxwell, C., Knight, A. and Aggleton, P. (2006) 'Pregnancy and parenthood among young people in and leaving care: what are the influencing factors, and what makes a difference in providing support?', *Journal of adolescence*, 29(3), 437-451.

Clausen, J. A (1998) 'Life reviews and life stories', In Giele, J. Z. and Elder, G. H. (ed.) *Methods of Life Course Research: Qualitative and Quantitative Approaches*, (pp. 189-212), Thousand Oaks: SAGE Publications, Inc. DOI: <https://dx.doi.org/10.4135/9781483348919>

Colletta, N. D. and Lee, D. (1983) 'The Impact of Support for Black Adolescent Mothers', *Journal of Family Issues*, 4(1), 127-143. <https://doi.org/10.1177/019251383004001007>.

Cosden M. (2011) 'Adolescent Mothers', In Goldstein S., Naglieri J.A. (eds) *Encyclopedia of Child Behavior and Development*, Springer, Boston, MA.

Creswell, J. W. (2014) 'Research design: Qualitative, quantitative, and mixed methods approaches', 4th Edition, Sage publications.

Daguerra, A., and Nativel, C. (Eds.). (2006) 'When Children Become Parents: Welfare state responses to teenage pregnancy', Policy Press.

De Jonge, A. (2001) 'Support for teenage mothers: A qualitative study into the views of women about the support they received as teenage mothers', *Journal of Advanced Nursing*, 36(1), 49-57. Retrieved from <https://search-proquest-com.ezproxy.ub.gu.se/docview/57478767?accountid=11162>.

Deane, K. and Stevano, S. (2016) 'Towards a political economy of the use of research assistants: reflections from fieldwork in Tanzania and Mozambique', *Qualitative Research* 16(2), pp. 213-228.

Diário Da República (2004) 'The conditions for the creation, organization, installation and operation of life support centers as part of a pilot social action project, Ministério da Segurança Social e do Trabalho, Portaria No. 102/2004, Series IB of 2004-04-30. Accessed on 26/06/2020 <https://dre.pt/application/conteudo/302279>

Diário da República, (2017) 'Third amendment to the Law for the Protection of Children and Youth in Danger', No. 99/2017, Series I of 2017-05-23. Accessed on 26/06/2020 <https://dre.pt/application/conteudo/107061811>

Dudley, J., Crowder, A. and Montgomery, T. R. (2014) 'Back to basics: How young mothers learn about sex and sexuality', *Sex Education*, 14(3), 272-285.

Elder, G. (1994) 'Time, human agency, and social change: perspective on life course', *Social Psychology Quarterly*, 57 (1), pp. 4-15.

Elder Jr, G. H. (1998) 'The life course as developmental theory', *Child development*, 69(1), 1-12.

Elder, G. H. and Rockwell, R. C. (1978) 'The Life Course and Human Development: An Ecological Perspective', *International Journal of Behavioral Development*, 2(1), 1-21.

Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S. and Ismail, D. (2019) 'Adolescent mothers' experiences of the transition to motherhood: An integrative review', *International Journal of Nursing Sciences*, 6(2), 221–228. doi:10.1016/j.ijnss.2019.03.013.

Esping-Andersen, G. (1990) 'The three worlds of welfare capitalism', Princeton University Press.

Fonseca, L. (2009) 'Educação e justiça social: Vozes, silêncios e ruídos na educação escolar de raparigas ciganas e payas', Porto: Afrontamento.

Fonseca, L., Araújo, H. C. and Santos, S. A. (2012) 'Sexualities, teenage pregnancy and educational life histories in Portugal: Experiencing sexual citizenship?' *Gender and Education*, 24(6), 647-664.

Ganchimeg T, Ota E, Morisaki N, Laopaiboon M, Lumbiganon P, Zhang J, et al. (2014) 'Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study', *Int J Obstet Gynaecol*;121(Suppl):40e8. <https://doi.org/10.1111/1471-0528.12630>.

Giele, J. Z. and Elder, G. H. (1998) 'Life Course Research: Development of a Field', In Giele, J. Z. and Elder, G. H. (ed.) *Methods of Life Course Research: Qualitative and Quantitative Approaches*, (pp 5-27), Thousand Oaks: SAGE Publications, Inc. DOI: <https://dx.doi.org/10.4135/9781483348919>

Global Social Work Statement of Ethical Principles. Available as at 17/01/2020. <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/>

Greene, A. L. (1990) 'Great expectations: Constructions of the life course during adolescence', *Journal of Youth and Adolescence*, 19(4), 289-306.

Greene, A. L. (1986) 'Future-time perspective in adolescence: The present of things future revisited', *Journal of Youth and Adolescence*, 15(2), 99-113.

Guerreiro, M. D. D. and Abrantes, P. (2004) 'Moving into adulthood in a southern European country: transitions in Portugal', *Portuguese Journal of Social Science*, 3 (3), 191-209.

- Haight, W., Finet, D., Bamba, S. and Helton, J. (2009) 'The beliefs of resilient African-American adolescent mothers transitioning from foster care to independent living: A case-based analysis', *Children and Youth Services Review*, 31(1), 53-62.
- Hammersley, M. and Atkinson, P. (2007) 'Ethnography: Principles in Practice', Third edition (3rd ed.). Oxford: Routledge.
- Healy, K. (2014) 'Social work theories in context: creating frameworks for practice', 2nd edition, Palgrave Macmillan, UK, pp 161-181.
- Herrman, J. W. (2006) 'The voices of teen Mothers: The experience of repeat pregnancy', MCN, *The American Journal of Maternal/Child Nursing*, 31(4), 243-249.
- Hobcraft, J. and Kiernan, K. (2001) 'Childhood poverty, early motherhood and adult social exclusion', *The British Journal of Sociology*, 52(3), 495-517.
- Hogan, D. P. and Astone, N. M. (1986) 'The transition to adulthood', *Annual Review of Sociology*, 12(1), 109-130.
- Höjer, I. and Sjöblom, Y. (2014) 'Voices of 65 young people leaving care in Sweden: There is so much I need to know!', *Australian Social Work*, 67(1), 71-87.
- Homan, R. (1992) 'The Ethics of Open Methods', *British Journal of Sociology*, 43(3), 321-332.
- Hutchison, E. D. (2010) 'A life course perspective', *Dimensions of Human Behavior: The Changing Life Course*, 4, 1-38.
- Jayakody, R. and Kalil, A., (2002) 'Social fathering in low-income, African American families with preschool children', *Journal of Marriage and Family*, 64(2), pp.504-516.
- Järvinen, M. (2000) 'The Biographical Illusion: Constructing Meaning in Qualitative Interviews', *Qualitative Inquiry* (6), pp. 370-391.
- Kissman, K. and Shapiro, J. (1990) 'The composites of social support and well-being among adolescent mothers,' *International Journal of Adolescence and Youth*, 2(3), 165-173. Retrieved from <https://search-proquest-com.ezproxy.ub.gu.se/docview/61677076?accountid=11162>.
- Klerman, L. V. (1993) 'Adolescent pregnancy and parenting: Controversies of the past and lessons of the future', *Journal of Adolescent Health*, 14(7), 553-561. Retrieved from <https://search-proquest-com.ezproxy.ub.gu.se/docview/61640543?accountid=11162>.
- Lamb, M. E. (2010) 'How do fathers influence children's development? Let me count the ways', In Lamb, M. E. (ed). *The role of the father in child development*, Fifth Edition, New Jersey, John Wiley & Sons, pp. 1-26.
- Lo Iacono, V., Symonds, P. and Brown, D. (2016) 'Skype as a Tool for Qualitative Research Interviews', *Sociological Research Online*, 21(2), 103-117.
- Macedo, D., Simões, H. and Oliveira, V. (2019) 'CASA 2018 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. Departamento de Desenvolvimento Social', Instituto da Segurança Social, I.P. Accessed on 31/05/2020 http://www.seg-social.pt/documents/10152/16662972/Relat%C3%B3rio_CASA2018/f2bd8e0a-7e57-4664-ad1e-f1cebcc6498e

- Mangeli, M., Rayyani, M., Mohammad, A. C. and Tirgari, B. (2017) 'Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: A qualitative study', *Journal of Family & Reproductive Health*, 11(3), 165-173. Retrieved from <https://search-proquest-com.ezproxy.ub.gu.se/docview/2024523718?accountid=11162>.
- Maxwell, A., Proctor, J. and Hammond, L. (2011) 'Me and my child: Parenting experiences of young mothers leaving care', *Adoption & Fostering*, 35(4), 29-40. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1177/030857591103500404>.
- McDermott, E. and Graham, H. (2005) 'Resilient young mothering: Social inequalities, late modernity and the 'problem' of 'teenage' motherhood', *Journal of Youth Studies*, 8(1), 59-79. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1080/13676260500063702>.
- McLeod, A., Baker, D. and Black, M. (2006) 'Investigating the nature of formal social support provision for young mothers in a city in the North West of England', *Health & Social Care in the Community*, 14(6), 453-464.
- McGinn, T., Taylor, B., McColgan, M. and Mc Quilkan, J. (2016) 'Social Work Literature Searching: Current Issues with databases and Online Search Engines', *Research on Social Work Practice* 26(3), pp. 266-277.
- McGuire, C. and Corlyon, J. (1999) 'Pregnancy and Parenthood: The views and experiences of young people in public care', Jessica Kingsley Publishers.
- Meadows-Oliver, M., Sadler, L. S., Swartz, M. K. and Ryan-Krause, P. (2007) 'Sources of stress and support and maternal resources of homeless teenage mothers', *Journal of Child and Adolescent Psychiatric Nursing*, 20(2), 116-125.
- Mendes, N. and Castelo-Branco, C. (2014) 'Adolescent pregnancy in Portugal', In A. L. Cherry, and M. E. Dillon (ed.), *International handbook of adolescent pregnancy*, Medical, psychosocial, and public health responses, (pp. 523-534, Chapter xiv, 712 Pages) Springer Science + Business Media, New York, NY. doi:http://dx.doi.org.ezproxy.ub.gu.se/10.1007/978-1-4899-8026-7_28 Retrieved from <https://search-proquest-com.ezproxy.ub.gu.se/docview/1611632456?accountid=11162>.
- Mendes, N., Palma, F. and Serrano, F. (2014) 'Sexual and reproductive health of Portuguese adolescents', *International Journal of Adolescent Medicine and Health*, 26(1), 3-12. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1515/ijamh-2012-0109>.
- Mero-Jaffe, I. (2011) 'Is that what I said? Interview transcript approval by participants: an aspect of ethics in qualitative research', *International Journal of Qualitative Methods*, 10(3), 231-247.
- Moloney, M., Hunt, G. P., Joe-Laidler, K. and MacKenzie, K. (2011) 'Young mother (in the) hood: Gang girls' negotiation of new identities', *Journal of Youth Studies*, 14(1), 1-19. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1080/13676261.2010.506531>.
- Mpaata, R. (2020) 'Do fathers care? Examining caring experiences of transnational Ugandan fathers in Gothenburg, Sweden', completed Master dissertation submitted for European Master's in Social Work with Families and Children. University of Gothenburg, Sweden.

National Teenage Pregnancy Strategy (2010). Teenage pregnancy strategy: beyond 2010. United Kingdom. Accessed on 30/05/2020 https://dera.ioe.ac.uk/11277/1/4287_Teenage%20pregnancy%20strategy_aw8.pdf

Ngum Chi Watts, M. C, Liamputtong, P. and Mcmichael, C. (2015) 'Early motherhood: A qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia', *BMC Public Health*, 15(1), 873.

Padilla, B., Rodrigues, V. and Chaves, T. (2017) 'Typologies and Logics of Welfare Bricolage in Portugal: Lisbon Case Study', *IRiS Working Paper Series*.

Pittaway, E., Bartolomei, L. and Hugman, R. (2010) 'Stop stealing our stories: the ethics of research with vulnerable groups', *Journal of Human Rights Practice* 2(2), pp. 229-251.

Richardson, R. A., Barbour, N. E. and Bubenzer, D. L. (1995) 'Peer Relationships as a Source of Support for Adolescent Mothers', *Journal of Adolescent Research*, 10(2), 278-290. <https://doi.org/10.1177/0743554895102005>.

Roberts, S., Graham, M. and Barter-Godfrey, S. (2011) 'Young mothers' lived experiences prior to becoming pregnant in rural Victoria: A phenomenological study', *Australian Journal of Rural Health*, 19(6), 312-317. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1111/j.1440-1584.2011.01228.x>.

Saleebey, D. (1996) 'The Strengths Perspective in Social Work Practice: Extensions and Cautions', *Social Work*, 41(3), 296-305.

Saleebey, D. (2012a) 'Power in the people', In Saleebey, D (ed.) *The strengths perspective in social work practice*, Sixth edition, Boston, Pearson Education, p. 1-23.

Saleebey, D. (2012b) 'The strengths approach to practice beginnings' In Saleebey, D (ed.) *The strengths perspective in social work practice*, Sixth edition, Boston, Pearson Education, p. 97-111.

Saleebey, D. (2012c) 'The strengths perspective: Possibilities and problems', In Saleebey, D (ed.) *The strengths perspective in social work practice*, Sixth edition, Boston, Pearson Education, p. 278-304.

Sedgh, G., Finer, L., Bankole, A., Eilers, M. and Singh, S. (2015) 'Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends', *Journal of Adolescent Health*, 56(2), 223-230.

Segurança Social (2020) 'Social support and programs' Accessed on 26/06/2020 <http://www.seg-social.pt/familia-de-acolhimento-de-criancas-e-jovens>

Shea, R., Bryant, L. and Wendt, S. (2016) 'Nappy bags instead of handbags: Young motherhood and self-identity', *Journal of Sociology*, 52(4), 840-855. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1177/1440783315599594>.

Silva, J. S. and Magalhães, M. (2008) 'Teenage fertility in Portugal: Exposure to risk and the effects of contraceptive use', ISEG, Universidade Técnica de Lisboa.

SmithBattle, L. and Leonard, V. W. (1998) 'Adolescent mothers four years later: Narratives of the self and visions of the future', *Advances in Nursing Science*, 20(3), 36-49. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1097/00012272-199803000-00006>.

Social Exclusion Unit (1999) 'Teenage Pregnancy', Social Exclusion Unit, London.

Statistics Portugal (2020) 'Adolescent live births (No.) by mother age', Portugal Accessed on 28/03/2020

https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&indOcorrCod=0001541&contexto=bd&selTab=tab2&xlang=en

Statistics Portugal (2020) 'Resident population (No.) by Place of residence (NUTS - 2013), Sex and Age group; Annual - Statistics Portugal, Annual estimates of resident population', Portugal. Accessed on 26/06/2020

https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&contexto=pi&indOcorrCod=0008273&selTab=tab0

Stein, M. and Munro, E. M. (2008) 'Young People's Transitions from Care to Adulthood: International Research and Practice (Child Welfare Outcomes)', Jessica Kingsley.

Unger, D. G. and Wandersman, L. P. (1985) 'Social support and adolescent mothers: Action research contributions to theory and application', *Journal of Social Issues*, 41(1), 29-45.

United Nations Department of Economic and Social Affairs, Population Division (2019) 'World Population Prospects: the 2017 Revision'. Accessed on 28/03/2020
<https://population.un.org/wpp/DataQuery/>

United Nations Population Fund (UNFPA) (2013) 'The impact on girls' health, education and productivity in Motherhood in childhood: Facing the challenge of adolescent pregnancy, Chapter 2, The State of World Population 2013', New York, p. 17-29.

Wall, K., Aboim, S., Cunha, V. and Vasconcelos, P. (2001) 'Families and informal support networks in Portugal: the reproduction of inequality', *Journal of European Social Policy*, 11(3), 213-233.

Wall, K. and Correia, S. (2014) 'Portuguese report the economic crisis and policy developments in Portugal', In *EUROFOUND PROJECT families in the economic crisis: mapping policy responses in 5 European member states*.

Wilcox, B.L. and Vernberg, E.M., (1985) 'Conceptual and theoretical dilemmas facing social support research', In *Social support: Theory, research and applications* (pp. 3-20). Springer, Dordrecht.

World Health Organization (2014) 'Adolescent Pregnancy, Factsheet'. Accessed as at 17/01/2020
<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>.

World Health Organization (2016) 'Global health estimates 2016: Deaths by cause, age, sex, by country and by region', 2000–2015 Geneva. Accessed on 17/01/2020
https://www.who.int/maternal_child_adolescent/data/causes-death-adolescents/en/

Yardley, E. (2008) 'Teenage mothers' experiences of stigma', *Journal of Youth Studies*, 11(6), 671-684. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1080/13676260802392940>

Yardley, E. (2009) 'Teenage mothers' experiences of formal support services', *Journal of Social Policy*, 38(2), 241-257. doi:<http://dx.doi.org.ezproxy.ub.gu.se/10.1017/S0047279408002821>.

APPENDIX I – INTERVIEW GUIDE

INTERVIEW GUIDE - ENGLISH

Date:

Place of Interview:

Interview Duration:

BACKGROUND INFORMATION

- Name:
- Age:
- Marital status:
- Number of children:
- Education level:
- Occupation:

How did adolescent mothers experience support prior to motherhood?

1. Why were you placed into care?
2. What support did you experience on sexual education prior to motherhood?
 - 2.a. Explain who, how and where the support on sexual education was experienced?
 - 2.b. Looking at the past, who would you have preferred to receive this kind of support from?
3. What support did you experience on contraceptive use prior to motherhood?
 - 3.a. Explain who, how and where the support on contraceptive use was experienced?
 - 3.b. Looking at the past, who would you have preferred to receive this kind of support from?
4. What support did you experience on abortion prior to motherhood?
 - 4.a. Explain who, how and where the support on abortion was experienced?
 - 4.b. Looking at the past, who would you have preferred to receive this kind of support from?
5. How did receiving or not receiving support on sexuality influence your decision to become a mother?
6. How do you feel about receiving or not receiving support on sexuality prior to motherhood?
7. Looking at the past, what support would you have preferred to receive prior to motherhood?

How do adolescent mothers experience support during their transition to motherhood?

1. How do you experience support for the caregiving of your child(ren) in the institution?
2. How do you experience financial support in the institution?
3. How do you experience emotional support in the institution?
4. How do you experience support on life skills in the institution?
5. What support on family planning (to control repeat pregnancy) do you receive in the institution?
6. What social support do you experience outside the institution?
 - 6.a. How do you experience family support?

- 6.b. How do you experience partner (baby's father and current partner/boyfriend) support?
- 6.c. How do you experience support from friends?
- 7. How do you experience group support among colleague mothers living in the institution?
- 8. What support does your child(ren) receive? How?
- 9. What support would you like to receive now? Why?
- 10. How do you feel about receiving support as a mother?

How do adolescent mothers manage their difficulties through support?

- 1. Does support address your individual needs? How?
- 2. How does support enable you to combine other tasks with caregiving?
 - 2.a. How do you combine going to school with caregiving?
 - 2.b. How do you combine going to work with caregiving?
- 3. How does support enable you to perform your responsibilities as a mother?
- 4. What advantages do you get from support which you think you would otherwise not get?

What are the future expectations of support of adolescent mothers?

- 1. Do you think your experiences of support have been helpful? How?
- 2. What support are you currently receiving that you think will be useful to you after leaving the institution?
- 3. What support would you like to continue to receive after leaving the institution?
- 4. What social support (family, friends, partner) do you expect to receive after leaving the institution?
- 5. What support on accommodation would like to receive after leaving the institution?
- 6. What support on education would you like to receive after leaving the institution?
- 7. What support on employment would you like to receive after leaving the institution?
- 8. What support on family planning would you like to receive after leaving the institution?
- 9. How do you intend to combine caregiving and going to school after leaving the institution?
- 10. How do you intend to combine work and going to school after leaving the institution?
- 11. What new support would you like to receive after leaving the institution?
- 12. How do you think receiving support after leaving the institution would improve you and your child's life?
- 13. What are your plans and hopes for the future?

INTERVIEW GUIDE - PORTUGUESE

Data:

Local da Entrevista:

Duração da Entrevista:

INFORMAÇÃO DE BASE

- Nome:
- Idade:
- Estado civil:
- Número de crianças:
- Nível de instrução:
- Ocupação:

Como é que as mães adolescentes experimentam o apoio antes da maternidade?

1. Por que razão foi colocada em tratamento?
2. Que apoio teve na educação sexual antes da maternidade?
 - 2.a. Explicar quem, como e onde foi vivido o apoio em matéria de educação sexual?
 - 2.b. Olhando para o passado, de quem teria preferido receber este tipo de apoio?
3. Que apoio teve em relação ao uso de contraceptivos antes da maternidade?
 - 3.a. Explicar quem, como e onde foi experimentado o apoio ao uso de contraceptivos?
 - 3.b. Olhando para o passado, de quem teria preferido receber este tipo de apoio?
4. Que apoio teve em relação ao aborto antes da maternidade?
 - 4.a. Explicar quem, como e onde foi feito o apoio ao aborto?
 - 4.b. Olhando para o passado, de quem teria preferido receber este tipo de apoio?
5. Como é que receber ou não apoio na sexualidade influenciou a sua decisão de ser mãe?
6. Como se sente ao receber ou não apoio em matéria de sexualidade antes da maternidade?
7. Olhando para o passado, que apoio teria preferido receber antes da maternidade?

Como é que as mães adolescentes experimentam o apoio durante a sua transição para a maternidade?

1. De que forma é prestado apoio ao(s) seu(s) filho(s) na instituição?
2. Como é que se sente em relação ao apoio financeiro na instituição?
3. Como sente o apoio emocional na instituição?
4. Como é que se sente em relação ao apoio às competências para a vida na instituição?
5. Que apoio em matéria de planeamento familiar (para controlar uma gravidez repetida) recebe na instituição?
6. Que tipo de apoio social tem fora da instituição?
 - 6.a. Como é que se vive o apoio familiar?
 - 6.b. Como é que o seu parceiro (pai do bebé e actual parceiro/namorado) lhe dá apoio?
 - 6.c. Como é que sente o apoio de amigos?
7. Como é que se sente o apoio do grupo entre as mães colegas que vivem na instituição?

8. Que tipo de apoio recebe o(s) seu(s) filho(s)? Como?
9. Que apoio gostaria de receber agora? Porquê?
10. Como se sente ao receber apoio como mãe?

Como é que as mães adolescentes gerem as suas dificuldades através do apoio?

1. O apoio responde às suas necessidades individuais? Como?
2. Como é que o apoio lhe permite combinar outras tarefas com a prestação de cuidados?
 - 2.a. Como combinar a ida à escola com a prestação de cuidados?
 - 2.b. Como combinar o trabalho com a prestação de cuidados?
3. Como é que o apoio lhe permite desempenhar as suas responsabilidades como mãe?
4. Que vantagens obtém de um apoio que pensa que, de outra forma, não obteria?

Quais são as expectativas futuras de apoio às mães adolescentes?

1. Acha que as suas experiências de apoio têm sido úteis? Como?
2. Que apoio está actualmente a receber que pensa que lhe será útil depois de deixar a instituição?
3. Que apoio gostaria de continuar a receber depois de deixar a instituição?
4. Que apoio social (família, amigos, parceiro) espera receber depois de deixar a instituição?
5. Que apoio ao alojamento gostaria de receber depois de deixar a instituição?
6. Que apoio em matéria de educação gostaria de receber depois de deixar a instituição?
7. Que apoio ao emprego gostaria de receber depois de deixar a instituição?
8. Que apoio em matéria de planeamento familiar gostaria de receber após deixar a instituição?
9. Como pretende combinar a prestação de cuidados e a ida à escola depois de deixar a instituição?
10. Como pretende combinar trabalho e ida à escola depois de deixar a instituição?
11. Que novo apoio gostaria de receber depois de deixar a instituição?
12. Como pensa que receber apoio depois de deixar a instituição melhoraria a sua vida e a do seu filho?
13. Quais são os seus planos e esperanças para o futuro?

APPENDIX II – CONSENT FORM

CONSENT FORM – ENGLISH

Institution/Address:

Name of Researcher:

Signature: Date:

Research Topic: Exploring the experiences of support in the life transitions of adolescent mothers living in care in Portugal

Research Objective: This study generally seeks to explore the experiences of support in the life transitions of adolescent mothers living in care in Portugal. Specifically, the study seeks to understand adolescent mothers' experiences of support prior to motherhood; to understand adolescent mothers' experiences of support in their transition to motherhood; to understand how adolescent mothers manage their challenges through support; and to identify adolescent mothers' future expectations of support.

Researcher's Goal: The study will constitute a master thesis for the researcher in partial fulfilment for his master's degree in European Master's in Social Work with Families and Children. The master's degree is fully funded by the Erasmus Mundus Plus Master Scholarship.

- The study is generally for educational purposes, future research reference, and policy reference. The findings of the study may be used nationally and international through publications, conferences and other useful avenues available.
- No cash or material reward will be given for participation in the research.

Data Collection and Management:

- The researcher will be assisted by a Research Assistant who will be introduced to participants.
- Due to the Covid-19 situation and the government's policy on a lockdown, Skype video call interviews will be conducted.
- The Skype video call will be recorded.
- Data will be transcribed in its original, translated to English language and saved in the researcher's files with a password.
- Identities of participants will be anonymized to prevent any risk or harm to them.

Participants' Rights:

- You can participate in the research at your own convenient time.
- Your first consent to participate in the study does not guarantee the researcher your entire consent for the entire research process. This means you can withdraw your consent and leave the study at any time you so desire.
- You have the right to confidentiality, as such no staff in the organization will listen to your response unless you permit them.
- Your audio-recorded and transcribed response in the study will be shared with you for confirmation.

- Your response in the study can be withdrawn at any time you wish before the study ends. The study will end after the researcher submits and defends the master thesis.
- You are entitled to receive explanation of anything that you do not understand in the research process.

I, Participants' Name _____/Signature _____, agree to be a participant in the above-mentioned study.

Date: _____

Role	Name	Email
Researcher	James Kutu Obeng	ojkus@iscte-iul.pt
Research Assistant	Patrícia Vegard Nunes	Patricia_Emilia_Goncalves@iscte-iul.pt
Supervisor	Maria João Pena	Maria_Joao_Pena@iscte-iul.pt

CONSENT FORM - PORTUGUESE

Institution/Address:

Nome do pesquisador:

Assinatura: Data:

Tópico de pesquisa: Explorando as Experiências de Apoio das Mães Adolescentes na Transição da sua Vida em Portugal

Objetivo da pesquisa: Este estudo geralmente procura explorar as experiências de apoio das mães adolescentes na transição de suas vidas. Especificamente, o estudo procura compreender as experiências de apoio das mães adolescentes antes da maternidade; compreender as experiências de apoio das mães adolescentes na sua transição para a maternidade; compreender como as mães adolescentes superam os seus desafios através do apoio; e identificar as expectativas futuras de apoio das mães adolescentes.

Objetivo do pesquisador: O estudo constituirá uma tese de mestrado para o pesquisador em cumprimento parcial de seu mestrado em Mestrado Europeu em Serviço Social com Famílias e Crianças. O mestrado é totalmente financiado pela Bolsa de Mestrado Erasmus Mundus Plus.

- O estudo é geralmente para fins educacionais, referência de pesquisa futura e referência política. Os resultados do estudo podem ser utilizados a nível nacional e internacional através de publicações, conferências e outras vias úteis disponíveis.
- Nenhuma recompensa em dinheiro ou material será dada pela participação na pesquisa.

Recolha e Gestão de Dados:

- O pesquisador será assistido por um Assistente de Pesquisa que será apresentado aos participantes
- Devido à situação da Covid-19 e à política do governo sobre um bloqueio, serão realizadas entrevistas por chamadas com vídeo pelo Skype.
- A chamada com vídeo pelo Skype será gravada.
- Os dados serão transcritos em seu original, traduzidos para a língua inglesa e salvos nos arquivos do pesquisador com uma senha.
- As identidades dos participantes serão anonimizadas para evitar qualquer risco ou dano a eles.

Direitos dos participantes:

- Você pode participar da pesquisa em seu próprio horário conveniente.
- O seu primeiro consentimento para participar do estudo não garante ao pesquisador todo o seu consentimento para todo o processo de pesquisa. Isto significa que você pode retirar o seu consentimento e deixar o estudo a qualquer momento que assim o desejar.
- Você tem o direito à confidencialidade, pois nenhum funcionário da organização ouvirá sua resposta a menos que você permita.
- Sua resposta de áudio gravada e transcrita no estudo será compartilhada com você para confirmação.
- Sua resposta no estudo pode ser retirada a qualquer momento antes que o estudo termine. O estudo terminará depois que o pesquisador apresentar e defender a tese de mestrado.

- Você tem o direito de receber explicações sobre qualquer coisa que não compreenda no processo de pesquisa.

I, Nome _____ / Assinatura _____ dos Participantes _____, aceito ser participante do estudo acima mencionado.

Data: _____

Papel	Nome	Email
Pesquisador	James Kutu Obeng	ojkus@iscte-iul.pt
Assistente de Pesquisa	Patrícia Vegard Nunes	Patricia_Emilia_Goncalves@iscte-iul.pt
Supervisor	Maria João Pena	Maria_Joao_Pena@iscte-iul.pt

APPENDIX III – NON-PLAGIARISM DECLARATION

I hereby declare that the Dissertation titled EXPLORING THE EXPERIENCES OF SUPPORT IN THE LIFE TRANSITIONS OF ADOLESCENT MOTHERS LIVING IN CARE IN PORTUGAL. submitted to the Erasmus Mundus Master's Programme in Social Work with Families and Children:

- Has not been submitted to any other Institute/University/College

- Contains proper references and citations for other scholarly work

- Contains proper citation and references from my own prior scholarly work

- Has listed all citations in a list of references.

I am aware that violation of this code of conduct is regarded as an attempt to plagiarize and will result in a failing grade (F) in the programme.

Date (dd/mm/yyyy):26/06/2020.....

Signature: 

Name (in block letters):JAMES KUTU OBENG.....

APPENDIX IV – INTRODUCTORY LETTER



3rd March 2020.

Humanus - Associação Humanidades and other organizations with adolescent mothers in residential care
Avenida do Brasil, 53
Apartado 50109
1703-001, Lisboa

Dear Madam/Sir,

INTRODUCTORY LETTER

I write this letter to officially introduce my research project to your organization and request for your kind permission to conduct the research in your organization.

I am an exchange student currently studying at ISCTE-IUL for my final semester. As part of fulfilling the requirement for my master’s degree, I am mandated to conduct a scientific study.

My study is titled: *Exploring adolescent mothers’ experiences of support in their life transition in Portugal*. The study generally seeks to explore adolescent mothers’ experiences of support in their life transition. Specifically, the study seeks to understand adolescent mothers’ experiences of support prior to motherhood; to understand adolescent mothers’ experiences of support in their transition to motherhood; to understand how adolescent mothers overcome their difficulties through support; and to identify adolescent mothers’ future expectations of support. Mainly adolescent mothers who became mother between 10-19 years, who are currently residing in the accommodation facility provided by your organization will be considered as participants for the study.

I wish to mention that my university, ISCTE-IUL has given me the go-ahead to contact you on this issue. Also, attached to this letter is a copy of my research proposal which gives more details about my research project. I will be counting on your cooperation.

Yours sincerely,

James Kutu Obeng



Erasmus Mundus Scholar – Masters in social work with families and children
Tel: +351 912 338 419



Email: kutuobeng@gmail.com

Cc: Research Supervisor
Professor Auxiliar, Maria João Pena



Email: Maria_Joao_Pena@iscte-iul.pt

Iscte – Instituto Universitário de Lisboa • Av. Forças Armadas, 1649-026 Lisboa • ☎ +351 217 903 000 • ✉ geral@iscte-iul.pt

