



Provided by the author(s) and University of Galway in accordance with publisher policies. Please cite the published version when available.

Title	Exploring the views and experiences of teenage parents as service users of universal child and family health care services
Author(s)	Horrigan-Kelly, Marcella
Publication Date	2015-07-16
Item record	<a href="http://hdl.handle.net/10379/5105">http://hdl.handle.net/10379/5105</a>

Downloaded 2024-05-23T16:56:12Z

Some rights reserved. For more information, please see the item record link above.



**EXPLORING THE VIEWS AND EXPERIENCES OF TEENAGE  
PARENTS AS SERVICE USERS OF UNIVERSAL CHILD AND  
FAMILY HEALTH CARE SERVICES**

A Thesis Submitted for the degree of Ph.D. to the  
National University of Ireland, Galway

**Marcella Horrigan-Kelly**

Supervisor: Dr Michelle Millar

Child and Family Research Centre,  
School of Political Science and Sociology  
College of Arts, Social Sciences and Celtic Studies,  
National University of Ireland, Galway



**June 2015**

# TABLE OF CONTENTS

## Chapter 1: Introduction, Background and Context of this Study

1.1 STUDY FOCUS AND BACKGROUND .....	1
1.2 AIMS AND OBJECTIVES OF THE STUDY .....	2
1.3 RESEARCH QUESTIONS .....	3
1.4 RESEARCH METHOD .....	3
1.5 THEORETICAL FRAMEWORK.....	4
1.6 DEFINITION OF THE TEENAGE PARENT SERVICE USER IN THIS STUDY.....	7
1.6.1 <i>Inclusion Criteria Utilised in this Study</i> .....	9
1.7 STUDY CONTEXT .....	9
1.8 THE IRISH TEENAGE PARENT’S CONTEXT .....	9
1.9 PERSON-CENTRED CARE CONTEXT.....	17
1.10 POLICY CONTEXT.....	20
1.10.1 <i>Irish Health Policy, Person Centeredness and Service User Context</i> .....	20
1.10.2 <i>Policy Influencing the Focus on Young People as Service Users</i> .....	21
1.11 UNIVERSAL CHILD AND FAMILY HEALTH SERVICES EXPLORED IN THIS STUDY .....	25
1.11.1 <i>Maternity and Infant Welfare Scheme</i> .....	25
1.11.2 <i>Health Services for Pre School Children</i> .....	26
1.11.3 <i>School Health Services</i> .....	26
1.11.4 <i>Vaccination and Immunisation Services</i> .....	27
1.12 REFLEXIVITY .....	27
1.13 THESIS OUTLINE.....	30
1.13.1 <i>Chapter Two: Literature Review</i> .....	30
1.13.2 <i>Chapter Three: Methodological Considerations and Rationale for Study Design</i> .....	30
1.13.3 <i>Chapter Four: Adapting Critical Realist Principles in this Study</i> .....	31
1.13.4 <i>Chapter Five: Study Design and Implementation</i> .....	31
1.13.5 <i>Chapter Six: Data Analysis - Revealing the Phenomenon</i> .....	31
1.13.6 <i>Chapter Seven: Naïve Understanding - Being a Teenage Parent Service User</i> .....	32
1.13.7 <i>Chapter Eight: - Depth Understanding - Being a Teenage Parent and Service User in the Social World</i> .....	32
1.13.8 <i>Chapter Nine: Discussion</i> .....	32
1.13.9 <i>Chapter Ten: Conclusion</i> .....	32
1.14 CONCLUSION.....	33

## Chapter 2: Literature Review

2.1 INTRODUCTION.....	34
2.2 SEARCH STRATEGY .....	34
2.3 UNDERSTANDING ADOLESCENCE .....	36
2.3.1 <i>Adolescence a Life stage Period</i> .....	36
2.3.2 <i>Adolescence a Transitional Period</i> .....	38
2.3.3 <i>Adolescence: a Problematic Transitional Period</i> .....	41
2.3.4 <i>Adolescence a Period of Emergence</i> .....	43
2.3.5 <i>Teenage Parenthood - An Expedited Period of Transition and Emergence</i> .....	44
2.4 UNDERSTANDINGS OF THE TEENAGE PARENT AND PARENTHOOD .....	48
2.4.1 <i>Understandings of Who Becomes a Teenage Parent</i> .....	48
2.4.2 <i>Teenage Parenthood-Too Young, Immature and a Social Cost</i> .....	51
2.4.3 <i>Teenage Parenthood- Stigmatised, Demonised and Vilified</i> .....	54
2.4.4 <i>The Teenage Parent- A Revisionist Viewpoint</i> .....	58

2.4.5 Teenage Parents in the Healthcare Setting: A Colonisation of Societal Views .....	62
2.4.6 Teenage Parents and Service Providers Interactions .....	66
2.5 PRIMARY CARE AND PRIMARY HEALTH CARE .....	71
2.6 UNDERSTANDING OF THE TERM ‘SERVICE USER’ .....	75
2.6.1 ‘Service User’: the Irish Healthcare Context.....	78
2.7 CONCLUSION.....	81

### **Chapter 3: Methodological Considerations and Rationale for Study Design**

3.1 INTRODUCTION.....	83
3.2 REFLEXIVITY .....	83
3.3 RATIONALE FOR THE CHOICE OF THE INTERPRETIVE PARADIGM IN THIS STUDY.....	85
3.3.1 <i>Adapting the Interpretive Hermeneutical Phenomenological Approach in this Study</i> .....	86
3.4 PHENOMENOLOGY- AN INTRODUCTION.....	89
3.5 HEIDEGGER’S PHENOMENOLOGY.....	90
3.5.1 <i>Heidegger’s Concept of Being</i> .....	91
3.5.2 <i>Heidegger’s Dasein</i> .....	92
3.5.3 <i>Dasein’s Fundamental Structure - Being in the World</i> .....	93
3.5.4 <i>Dasein’s Encounter with Entities in the World</i> .....	94
3.5.5 <i>“Dasein With” – The Who of being in the World</i> .....	96
3.5.6 <i>Dasein’s Choices- Authentic versus Inauthentic Existence</i> .....	98
3.5.7 <i>Dasein’s - ‘Being there’ in the world</i> .....	100
3.5.8 <i>Care: “the Structural Totality of Being in the World “</i> .....	103
3.5.9 <i>Heidegger’s Method- The Forestructure of Interpretation</i> .....	104
3.6 RICOEUR’S THEORY OF INTERPRETING TEXT- THE HERMENEUTICAL ARC.....	105
3.6.1 <i>Distanciation</i> .....	107
3.6.2 <i>Appropriation</i> .....	109
3.7 INTERPRETATION AS UNDERSTOOD WITHIN THIS STUDY.....	110
3.7.1 <i>Recognising Participants’ Forestructures in this Study</i> .....	111
3.7.2 <i>Reflexivity – My ‘Being in the World’</i> .....	112
3.7.3 <i>Encounters with entities in my world</i> .....	113
3.7.4 <i>Perceptions of ‘the who’ in my world</i> .....	113
3.7.5 <i>My ‘being there’ in the world</i> .....	114
3.8 CONCLUSION.....	115

### **Chapter 4: Adapting Critical Realist Principles in this Study**

4.1 INTRODUCTION.....	116
4.2 RATIONALE FOR ADOPTING CRITICAL REALIST PRINCIPLES IN THIS STUDY.....	116
4.3 AGENCY AND STRUCTURE .....	118
4.3.1 <i>Primacy of Structure</i> .....	118
4.3.2 <i>Primacy of Agency</i> .....	122
4.3.3 <i>Primacy of both Agency and Structure</i> .....	134
4.4 UNDERSTANDING OF AGENCY AND STRUCTURE IN THIS STUDY .....	142
4.5 LAYDER’S THEORY OF SOCIAL DOMAINS .....	145
4.5.1 <i>Social Domain of Psychobiography</i> .....	146
4.5.2 <i>Social Domain of Situated Activity</i> .....	146
4.5.3 <i>Social Domain of Social Settings</i> .....	148
4.5.4 <i>Social Domain of Contextual Resources</i> .....	149
4.6 APPLICATION OF THE THEORY OF SOCIAL DOMAINS IN THIS STUDY.....	151
4.7 THE CONCEPTUALISATION OF POWER IN LAYDER’S THEORY .....	151
4.8 CONCLUSION.....	166

## **Chapter 5: Study Design and Implementation**

5.1 INTRODUCTION.....	167
5.2 USING THE HERMENEUTICAL INTERPRETIVE RESEARCH METHOD IN THIS STUDY .....	167
5.2.1 <i>Application of Ricoeur’s Theory of Interpretation in this Study</i> .....	170
5.3 DATA COLLECTION .....	170
5.4 PILOT STUDY .....	172
5.5 SAMPLING STRATEGY .....	174
5.5.1 <i>Selection Criteria</i> .....	175
5.5.2 <i>Sample Size</i> .....	175
5.6 RECRUITMENT STRATEGY: ACCESSING PARTICIPANTS.....	176
5.6.1 <i>Recruitment Strategy: Phase One</i> .....	177
5.6.2 <i>Recruitment Strategy: Phase Two</i> .....	179
5.7 PARTICIPANT PROFILE .....	182
5.8 ESTABLISHING RIGOUR IN THIS STUDY .....	188
5.8.1 <i>Balanced Integration</i> .....	188
5.8.2 <i>Openness</i> .....	189
5.8.3 <i>Concreteness</i> .....	190
5.8.4 <i>Resonance</i> .....	190
5.8.5 <i>Actualisation</i> .....	191
5.9 ETHICAL PRINCIPLES.....	191
5.9.1 <i>Informed Consent</i> .....	192
5.9.2 <i>Conducting Research with Adolescents- Rights, Autonomy and Respect</i> .....	193
5.10 CONCLUSION.....	196

## **Chapter 6: Data Analysis: Revealing the Phenomenon**

6.1 INTRODUCTION.....	197
6.2 ANALYTICAL STRATEGY .....	197
6.2.1 <i>Phase One Analysis: Naïve Reading</i> .....	198
6.2.2 <i>Preliminary Explanation ‘What the Text Says?’</i> .....	204
6.3 STRUCTURAL ANALYSIS.....	205
6.3.1 <i>Phase Two Analysis: Naïve Understanding/Interpretation</i> .....	205
6.3.2 <i>Naïve Understanding ‘What the Text Talked About’</i> .....	213
6.4 PHASE THREE ANALYSIS- DEPTH UNDERSTANDING/INTERPRETATION.....	214
6.5 CONCLUSION.....	215

## **Chapter 7: Naïve Understanding - Being a Teenage Parent Service User**

7.1 INTRODUCTION.....	216
7.2 BEING IN THE WORLD OF THE TEENAGE PARENT.....	218
7.2.1 <i>Being Young</i> .....	219
7.2.2 <i>Summary</i> .....	225
7.2.3 <i>Being Different</i> .....	226
7.2.4 <i>Summary</i> .....	228
7.2.5 <i>Being Toward the Future</i> .....	229
7.2.6 <i>Summary</i> .....	235
7.2.7 <i>Being Treated Differently by Services</i> .....	236
7.2.8 <i>Summary</i> .....	245
7.2.9 <i>Being in the World of the Teenage Parent: Concluding Summary</i> .....	247
7.3 ENCOUNTERS WITH SERVICE ENTITIES AS SERVICE USERS.....	249
7.3.1 <i>Being Provided with a Service that is Useful [Ready to Hand]</i> .....	250
7.3.2 <i>Being Heard, Supported and Helped by Services</i> .....	251

7.3.3 Summary.....	258
7.3.4 <i>Being Informed, Valued and Respected as a Service User</i> .....	259
7.3.5 Summary.....	265
7.3.6 <i>Being Provided with a Service that is Unuseful [Unready to Hand]</i> .....	266
7.3.7 <i>Not Being Heard, Supported and Helped by Services</i> .....	267
7.3.8 Summary.....	272
7.3.9 <i>Not Being Informed, Devalued and Disrespected as a Service User</i> .....	273
7.3.10 Summary.....	279
7.3.11 <i>Encounters with Service Entities as Service Users- Concluding Summary</i> .....	280
7.4 BEING SUPPORTED AND HELPED.....	283
7.4.1 <i>Being Supported and Helped by Others</i> .....	284
7.4.2 Summary.....	287
7.4.3 <i>Being Supported and Helped by Broader Services</i> .....	288
7.4.4 Summary.....	290
7.4.5 <i>Being Supported and Helped by Governmental Policy</i> .....	290
7.4.6 <i>Being Supported and Helped- Concluding Summary</i> .....	292
7.5 CONCLUSION.....	293

## **Chapter 8: Depth Understanding; Being a Teenage Parent and Service User in the Social World**

8.1 INTRODUCTION.....	295
8.2 PSYCHOBIOGRAPHY - THE SELF AS A TEENAGE PARENT IN THE WORLD .....	295
8.2.1 <i>An Abrupt Changed Self- From Teenager to Parent</i> .....	297
8.2.2 <i>A Changed Self- Different and Stigmatised</i> .....	301
8.2.3 <i>A Future Self –Challenging and Resisting</i> .....	306
8.2.4 <i>A Flexible Self- Inner and Outer Power</i> .....	310
8.3 SITUATED ACTIVITY- ‘BEING WITH’ OTHERS IN THE WORLD .....	314
8.3.1 <i>Being provided with a Service that is Useful- Enabled and Empowered</i> .....	317
8.3.2 <i>Being provided with a Service that is Unuseful - Constrained and Disempowered</i> .....	325
8.4 SOCIAL SETTINGS- ‘BEING IN THE WORLD’ AS A TEENAGE PARENT AND A SERVICE USER .....	334
8.4.1 <i>Child and Family Healthcare Settings- Enabling or Constraining</i> .....	335
8.4.2 <i>Enabling Healthcare Settings- Person Centred</i> .....	336
8.4.3 <i>Constraining Healthcare Settings- Non-person Centred</i> .....	338
8.4.4 <i>An Ideal Healthcare Setting- Enhancing Social Capital</i> .....	341
8.4.5 <i>Family Settings- Enabling, Supportive and Non Judgmental</i> .....	343
8.5 CONTEXTUAL RESOURCES .....	347
8.5.1 <i>Embodied Experiences- Labelled as Problematic</i> .....	348
8.5.2 <i>Positional Suffering- Social Positioning and Misrecognition</i> .....	351
8.5.3 <i>Fields of Opportunity provided through Enablement</i> .....	352
8.6 CONCLUSION.....	354

## **Chapter 9: Discussion**

9.1 INTRODUCTION.....	355
9.2 WHAT IS THE LIVED EXPERIENCE AND MEANING OF BEING A TEENAGE PARENT SERVICE USER OF UNIVERSAL CHILD AND FAMILY HEALTH SERVICES? .....	356
9.2.1 <i>What participants’ care about as teenage parents and service users</i> .....	357
9.2.2 <i>Receipt of a Fair, Just and Equitable Service for Teenage Parents</i> .....	364
9.3 WHAT AFFECT HAS ENGAGEMENT WITH CHILD AND FAMILY SERVICES HAD ON THE TEENAGE PARENT AS A SERVICE USER?.....	366
9.4 IMPLICATIONS OF THIS STUDY’S FINDINGS LINKED WITH WORKING EFFECTIVELY WITH TEENAGE PARENTS. ....	370

9.5 HOW CAN CHILD AND FAMILY HEALTHCARE SERVICES WORK EFFECTIVELY WITH TEENAGE PARENTS AS SERVICE USERS? .....	372
9.5.1 <i>Prioritising Individuality and Personhood</i> .....	372
9.5.2 <i>Considering Trust, Non-Judgment and Equity of Power in the User Provider Relationship</i> .....	375
9.5.3 <i>Recognising Authenticity</i> .....	378
9.5.4 <i>Recognising Teenage Parents’ Rights to Receive a Respectful, Just and Equitable Service</i> .....	379
9.5.5 <i>Considering the Healthcare Setting as a Context for Teenage Parent Centred Healthcare Delivery</i> .....	383
9.6 CONCLUSION.....	387
<b>Chapter 10: Conclusion</b>	
10.1 INTRODUCTION.....	388
10.2 AIMS, OBJECTIVES AND RESEARCH QUESTION .....	388
10.2.1 <i>Research Questions</i> .....	388
10.3 OVERVIEW OF CHAPTER’S IN THIS STUDY .....	389
10.4 REFLECTIONS ON THE RESEARCH METHODOLOGY AND LIMITATIONS OF THIS STUDY .....	395
10.5 CONTRIBUTION AND IMPLICATIONS OF THIS STUDY’S FINDINGS .....	398
10.5.1 <i>Practice</i> .....	398
10.5.2 <i>Education</i> .....	400
10.5.3 <i>Research</i> .....	401
10.6 RECOMMENDATIONS FROM THIS STUDY .....	402
10.6.1 <i>Recommendations for Practice</i> .....	402
10.6.2 <i>Recommendations for Education</i> .....	403
10.6.3 <i>Recommendations for Research</i> .....	403
10.7 REFLECTIVITY- FINAL CONSIDERATIONS.....	404
10.8 CONCLUSION .....	406
<b>References.....</b>	<b>407</b>
<b>Appendix One: Interview Guide.....</b>	<b>437</b>
<b>Appendix Two: Consent Form.....</b>	<b>440</b>
<b>Appendix Three: Participant Demographic Form.....</b>	<b>442</b>
<b>Appendix Four: Study Ethical Approval.....</b>	<b>444</b>
<b>Appendix Five: Participant Information Sheet.....</b>	<b>446</b>
<b>Appendix Six: Child Distress Protocol.....</b>	<b>449</b>

## List of Figures

<b>Figure 5.1 Diagrammatic Representation: Application of Ricoeur’s Theory in this Study .....</b>	<b>169</b>
<b>Figure 6.1 Sample of Individual Text and Annotations .....</b>	<b>199</b>
<b>Figure 6.2 Sample of Transcript Memo .....</b>	<b>200</b>
<b>Figure 6.3 Sample of Open Coding .....</b>	<b>201</b>
<b>Figure 6.4 Naïve Readings- Tentative Interpretations .....</b>	<b>203</b>
<b>Figure 6.5 Naïve Understanding- Initial Theme Formations .....</b>	<b>209</b>
<b>Figure 6.6 Naïve Understanding – Final Thematic Representation.....</b>	<b>212</b>
<b>Figure 7.1 Thematic Representation.....</b>	<b>216</b>
<b>Figure 7.2 Thematic Representation- Being in the World of the Teenage Parent .....</b>	<b>218</b>
<b>Figure 7.3 Thematic Representation-Encounters with Service Entities as a Service User.....</b>	<b>249</b>
<b>Figure 7.4 Thematic Representation-Being Supported and Helped .....</b>	<b>283</b>



## **List of Tables**

<b>Table 3.1 Tenets Considered for Interpretation in this Study.....</b>	<b>110</b>
<b>Table 3.2 My Personal Forestructures of Understanding .....</b>	<b>115</b>
<b>Table 5.1 Geographical Areas of Participant Recruitment .....</b>	<b>182</b>
<b>Table 5.2 Participant profile including services encountered. ....</b>	<b>184</b>
<b>Table 6.1 Analytical Strategy Employed in this Study.....</b>	<b>198</b>
<b>Table 6.2 Identification of Meaning Units.....</b>	<b>207</b>
<b>Table 7.1 Heidegger’s tenets considerations in theme presentations.....</b>	<b>217</b>

## **Glossary of Terms**

This glossary of terms is predominantly focused on Heideggerian terminology. Throughout the text of this thesis key terms are also explained and footnotes are provided.

**Ambiguity** - in Heidegger's terminology ambiguity includes both 'curiosity' and 'idle talk' (see explanation of these terms in this glossary) reflecting the mode of 'being with' others in the world as a disingenuous existence.

**Average Everydayness** - in Heidegger's terminology this term is used to reflect the typical, common or normal way that the human being (Dasein) is.

**Being** - in Heidegger's terminology, Being is conceptualised in a number of ways. Firstly Dasein (human being) is a Being who has an understanding of their own existence. This emic understanding shapes this human beings' existence. Secondly, human existence, that is Being (human being) and the world of existence are one entity. In other words Human Being (existence) and existence (the world) are one and are inseparable, this inseparability reflects Heidegger's concept of Being- in -the -World. Thirdly, Being can only be understood in terms of each individual's personal perception of their existence (mineness).

**Beings** - in Heidegger's terminology 'beings' refers to the entities both human and non human that exist in the world.

**Being-in-the-World** - in Heidegger's terminology this term refers to the inseparability of both 'Being' (that is the Being of Dasein/ human existence) and 'the world'. From this viewpoint there is no subject and object, existence is intertwined with Being and the world of existence.

**Being in** – in Heidegger's terminology 'being in' means the basic conditions of human existence. These basic conditions of human existence therefore refer to the human being's individual distinctive way of existing in the world.

**Being with** - in Heidegger's terminology this term refers to the human being's (Dasein) relationship with others in their world of existence.

**Being Toward** - in Heidegger's terminology this term refers to the focus and understanding of the human being with regards to their future directionality linked with future possibility. From this perspective Heidegger presents the human being's existence as being directed toward future goals and possibilities.

**Circumspective concern** - in Heidegger's terminology this term refers to the human being's cognitive processes exposing what the human being cares about or is concerned with.

**Curiosity** - Heidegger represents curiosity as Dasein (the human being) seeing their world from a superficial stance without question or thought.

**Da-sein** - this is a German word sometimes translated in English as 'being there' or 'being here'. In Heidegger's terminology Dasein is understood to mean "being there or man's existence in the world. Heidegger used this concept to explore what it means to be or to have one's own being.

**Emic** - The emic perspective within research reflects the insider viewpoint. It includes the personal description and account.

**Erklären** - This term represents interpretive understanding that tries to make explanatory sense of a phenomenon by finding the laws that govern it. Thus, the focus is on causality. Max Weber put forth erklären as interpretive understanding of the causation of human action that involves explanation.

**Factual/ Facticity** - In Heidegger's terminology the term factual reflects the human beings thrownness (already existing world). By this Heidegger depicts the factual or already existing world that the human being is historically situated in.

**Fallen/Fallenness** - in Heidegger's terminology this term refers to the influence socially understood norms and conventions has on the human beings' existence. From this perspective fallen or fallenness refers to an existence shaped by socially understood norms and convention. This type of existence Heidegger labels as inauthentic.

**Forestructures of Understanding** - In Heidegger's terminology forestructures of understanding represent presuppositional knowledge. This term encompasses three key components, these being forehaving, foresight and foreconception. Forehaving [meaning the knowledge Dasein has in advance]; foresight [meaning the ability of Dasein to interpret and make sense of their world based on Dasein 'forehaving' knowledge about their world] and foreconception [meaning Dasein's ability to make decisions based on their assumption about entities in their world].

**For the sake of which** - In Heidegger's terminology this expression exposes the reason or rationale for the human beings' actions. This expression exposes the human beings understanding and possibility linked with action that has a unique purpose for the person.

**Idle talk** - In Heidegger's terminology this term reflects Dasein's (the human being) interaction with others as that of being superficial with regards to disingenuous discursive interactions.

**Metaphysical understanding of being** – this terminology makes reference to Rene Descartes' mind and body dualism, otherwise known as Cartesian Dualism. Descartes human being consisted of two quite unlike substances which could not exist in unity. These two substances include the mind (the thinking substance) and body (the unthinking substance).

**Ontic** - In Heideggerian terminology ontic is used in opposition to ontological (see explanation of this term in the glossary). Heidegger used this term to refer to the descriptive characteristic of a particular entity, or the plain facts of its existence.

**Ontological** - In Heideggerian terminology ontological refers to the formal study of Being. From Heidegger's perspective this form of study includes the individual's viewpoint with regards to the nature of their being. This understanding refers to the first person, subjective account with regards to their experience of being. The overall focus from an ontological perspective is to understand the meaning of being.

**Ontology** - In Heidegger's terminology this term refers to a conceptually developed account of what it is to be. In research ontology addresses the question of what constitutes reality and explores how existence can be understood.

**Phenomena** – This term reflects Kant's representation of phenomena of objects as they appear and are understood from the subjective viewpoint. Their existence and properties are dependent on human perception.

**Publicness** - In Heidegger's terminology this term refers to the being of anyone. This reflects broader societal being depicted in Heidegger's philosophy as averageness.

**Noumenon** - This term reflects Kant's of objects as they are in themselves. These objects exist without human perception. Thus, they are things in themselves having independent existence.

**The They/ Das Man** - In Heidegger's terminology these concepts represent the broader social influence such as social norms or commonly understood conventions on the human beings existence. From Heidegger's perspective the They/Das Man acts as an authoritative force shaping existence. In conforming to this force the human being is enacting an inauthentic existence. In not conforming to this influence the human being is enacting an authentic existence.

**Verstehen** - is a German term that means to understand, perceive, know, and comprehend the nature and significance of a phenomenon. To grasp or comprehend the meaning intended or expressed by another. Max Weber used the term to understand both intention and different types of human action.

## **Declaration**

I, the Candidate, certify that the Thesis is all my own work,  
and that I have not obtained a degree in this University  
or elsewhere on the basis of any of this work

Signature: Marcella Horrigan- Kelly

Date: June 2015

## **Acknowledgements**

I would like to take this opportunity to express my gratitude and thank you to the following people:

The participants of this study who shared their views and experiences with me.

Dr. Michelle Millar, my supervisor, whose patience, kindness, encouragement and expert guidance got me to this point.

Dr. John Canavan and Dr. Vessna Malesevic for their expert advice, support and guidance with regards to sociological theory.

My friends and colleagues at work who listened to my procrastinations and still offered me their support.

Adeline Cooney, Maura Dowling, Pauline Meskell and Sinead Hahessy, thanks for the academic chats, support and advice.

Ben Meehan, thank you so much for all of your help, support and expert advice.

My parents Margaret and Michael Horrigan [RIP] who provided the solid foundation from which I could explore my future possibilities.

My own family, my brothers and sisters who were always there whenever needed.

The two men in my life, David, my husband and Michael, my son. Words cannot express how grateful I am for your love, support and needless to say patience. Michael, thank you especially for your support in letting mom do her 'PhD homework'.

## **Dedication**

To my niece **Karen** (27/10/1976 to 09/07/2001).

**Your courage and dignity will never be forgotten.**

## **Abstract**

This study explores the views and experiences of teenage parents as service users of universal child and family health care services. The focus of this study was to reveal lived experience from the emic perspective. For this purpose interpretive hermeneutical phenomenology underpinned by Martin Heidegger's philosophical perspective was utilized. Thus, this study's phenomenological focus emphasised the explication of 'Being', in this instance 'being a teenage parent service user' and the exploration of that existence.

The thematic analysis of the data revealed phenomenological findings represented in themes and subthemes of the phenomenon of both 'being a teenage parent service user' of universal child and family health care services and of 'being in the world of the teenage parent'. These themes included; being in the world of the teenage parent, being supported and helped and encounters with service entities as a service user. In the context of presenting these findings 'world' in this instance was viewed from the ontological perspective of 'being a teenage parent service user'.

Following the initial explication of the phenomenological findings it was evident that participants' existence was impacted by other people, processes and structures within their world. From these viewpoint critical realist principles using Derek Layder's (1997) Theory of Social Domains was used to explicate the causative mechanisms within social life that shaped the lived experience of being a teenage parent service user.

The culmination of utilizing both a phenomenological and critical realist approach facilitated the explication of lived experience within the social context. The conceptualization of 'being a teenage parent service user' revealed existence shaped by ideological social norms of the teenage parent. These understandings served to shape the personal and social sense of self contributing to the sense of difference, stigma and othering experienced. The negotiation of social milieu at the personal, interactional and contextual level revealed a struggle for participants in challenging the effects of social norms. This negotiation revealed the experience of 'being a teenage parent service user' as dependent on how others in their world viewed them. It reveals the inherent power of others to shape the teenage parents' existence. It reveals the struggle teenage parents have to strive toward future goals and ambitions drawing on both material and cultural resources that facilitate these goals.



# Chapter 1: Introduction, Background and Context of this Study

## 1.1 Study Focus and Background

This study explores Irish teenage parents' views and experiences as service users of universal child and family health care services. Interpretive phenomenology underpinned by Martin Heidegger's (1927/2011) philosophy is used to explicate this lived experience. Derek Layder's (1997) Theory of Social Domains is used to explicate the meaning of this lived experience in social life. The universal child and family healthcare services explored with participants in this study included General Practice (GP), Maternity/ Midwifery, Public Health Nursing (PHN) and Immunisation services.

The context of this study is set against the background of both international and Irish health policy which advocates the importance of service user involvement in health service delivery (Department of Health and Children (DoHC), 2001a, 2001b, 2012; World Health Organisation (WHO), 2002, 2005, 2010; Department of Health and Children and Health Service Executive (HSE), 2008). These policies are shaped by the ethos of person-centred care delivery (DoHC and HSE, 2008; DoHC, 2001a, 2001b; 2012).

Person centeredness as a model of service delivery reflects a focus of placing the person at the centre of the care process (Bergman and Trost, 2006; McCormack and McCance, 2006; Alharbi et al., 2012). This ethos shaped this study's focus placing the teenage parent at the centre of the research process in understanding their emic<sup>1</sup> perspective of being a service user. Heidegger's phenomenology facilitated the exploration of participants' lived experiences and the meaning they ascribed to their existence (Heidegger, 1927/2011). This theoretical stance acknowledged participants' agency constructing their own realities of being a teenage parent service user (Heidegger, 1927/2011).

---

<sup>1</sup>An emic perspective within research reflects the insider viewpoint. It includes the personal description and account of the research participant. From this stance this reflects a bottom up inductive approach to the research process exploring the subjective viewpoint

The phenomenological findings raised a number of questions with regards to the social structures (mechanisms) that may have contributed to the meaning of participants' lived experience revealed in this study. These questions are debated in more depth in section 1.5 of this chapter presenting the theoretical framework of this study. This resulted in the creation of the second research question in this study focusing on the affect of engagement with services. To explore this second research question critical realist principles were adapted in this study (see chapter four).

Derek Layder's (1997) Theory of Social Domains facilitated the exploration of the participants' lived experience acknowledging social structures (mechanisms) within their social life that influenced these experiences (see chapter eight). The findings thus represent the participants' lived experience from a phenomenological viewpoint and the broader social context impacting on this experience is explored from a critical realist viewpoint. This exploration of participants' existence represents an incremental approach moving from the subjective to the objective in exploring events, structures and causative mechanisms that shaped participants' lived experiences as service users (Bhaskar, 1975, 1979; Layder, 1997). Based on the findings revealed from both a phenomenological interpretivist and critical realist viewpoint, the final research question was developed focusing on how services can work effectively with teenage parents. This final question is explored in the discussion chapter (see chapter nine). Reflecting the focus of this study the following aims, objectives and research questions were developed to explore the views and experiences of teenage parents as service users and the impact services have on their existence.

## **1.2 Aims and Objectives of the Study**

The overarching aim of this study is to explore from the emic perspective the views and experiences of teenage parents of being child and family health service users. Secondly the aim is to explore the meaning participants ascribe to this lived experience. Thirdly the aim is to explore the meaning of this lived experience in context of both social life and the healthcare setting. Reflecting these aims the objectives of this study is to understand what being a teenage parent service user means for the teenage parent. Building on this a further objective is to understand

what the meaning of this existence is in both the social context and the healthcare setting. A final objective is to ascertain if these participants' social context and healthcare setting acted as an enabler or a constraint for teenage parents as service users. The following research questions reflecting these aims and objectives were developed for this study.

### **1.3 Research Questions**

- What is the lived experience and meaning of being a teenage parent service user of universal child and family health services?
- What affect has engagement with child and family services had on the teenage parent as a service user?
- How can child and family healthcare services work effectively with teenage parents as service users?

### **1.4 Research Method**

The primary method employed in this study was hermeneutical interpretive phenomenology utilizing a Heideggerian philosophical perspective. A qualitative hermeneutical interpretive phenomenological approach facilitated the exploration of the views and experiences of the participants from their emic perspective. From this vantage point emphasis was placed on the notion of “being” and the “nature of human existence” (Heidegger, 1927/2011, p. 28). This reflected Heidegger's philosophical stance that human beings are part of the world in which they exist and are in essence inseparable from that world (Heidegger, 1927/2011).

In the phenomenological explication of the lived experience it became evident that the world in which the participants existed as both teenage parents and service users had impacted on the meaning they ascribed to this existence. From this vantage point critical realist principles utilising Derek Layder's (1997) Theory of Social Domains was adapted to explore the meaning of participants' lived experiences in the context of their social life and in the healthcare setting. Thus, the use of Layder's (1997) theory represented an incremental approach adapted in this study to build on what had been revealed from the phenomenological perspective. It therefore moved

beyond the subjective to explore both the subjective and objective aspects of social existence as a teenage parent service user.

### 1.5 Theoretical Framework

Interpretive phenomenology and critical realism is the theoretical framework that underpins this research. The rationale in using this framework firstly reflects the ontological<sup>2</sup> explication of the meaning of Being (Heidegger, 1927/2011). Secondly it acknowledges critical realist principles in exposing the interplay and interdependence between events, structures and causative mechanisms that shape social existence (Bhaskar, 1975, 1979; Layder, 1997).

At the outset of this research my aim was to explore and understand the meaning participants ascribed to 'being a teenage parent service user'. 'Being a teenage parent service user' therefore became the phenomena of focus and reflected the ontological question of Being. Thus, Heideggerian ideas that informed the initial development of this study's theoretical framework included: lived experience, everyday ordinariness, *Dasein*, being in the world, being with, encounters with entities, temporality and the participants' care structure.

Heidegger put forth the idea that human beings exist in their world on an instinctive everyday ordinary familiar level (Heidegger, 1927/2011). Thus, from Heidegger's perspective one of the key goals of phenomenology is to reveal or uncover this everyday ordinary existence because it is here that the meaning of this existence resides (Heidegger, 1927/2011). Lived experience as part of the theoretical framework of this study therefore focused on making explicit the emic perspective of the participants who have lived or were currently living through the experience of 'being a teenage parent service user'. In making explicit the participants' lived experience the aim was to understand the meaning these participants had with regards to their existence as teenage parent service users.

Heidegger's existential analytic of *Dasein* focused on the human being's existence

---

<sup>2</sup> In Heideggerian terminology **ontological** refers to the formal study of Being. From Heidegger's perspective this form of study includes the individual's viewpoint with regards to the nature of their being. This understanding refers to the first person, subjective account with regards to their experience of being. The overall focus from an ontological perspective is to understand the meaning of being.

in their world as an individual and within their social context. Thus, from this stance 'being in the world' as understood from a Heideggerian stance reflects a marriage of the human being's subjectivity and the objectivity of the world in which they exist (Heidegger, 1927/2011). From this stance both world and being are viewed as inseparable. Meaning from this perspective therefore represents the co constituted ideal of 'being with' others in the world, in shared humanness and in shared interactions in the world (Heidegger, 1927/2011).

Within the context of this study 'world' was viewed as the participants' expressions of being in the world as a teenage parent service user with other entities. Shared humanness was viewed as 'being with' firstly other humans and secondly with regards to their 'encounters with entities' in their world as health service users. In this study these entities included health services as an institution and other *Dasein*, that is, professionals providing these services.

Thus, at the outset of this research this theoretical framework reflected an epistemological stance of inductively generating theory. This stance offered a means to inductively reveal the meaning participants ascribed to their lived experiences of being a teenage parent service user with their emic perspective contributing to theory generation (Creswell, 2007; Pascal, 2010). This reflects the viewpoint that from a phenomenological perspective theory is not the starting point in research (Creswell, 2007; Pascal, 2010).

In considering Heidegger's construct of 'being with' revealed in this study's phenomenological findings it was clear that these participants existed with other people, processes and structures that had impacted on the meaning of their lived experience as service users (Heidegger, 1927/2011). Heidegger's phenomenology acknowledges the existence of 'the They' or 'Das Man' which he asserted had the potential to shape the opportunity of *Dasein* [in this instance the study's participants] to enact an authentic or inauthentic existence (Heidegger, 1927/2011). Heidegger's concept of 'the They' or 'Das Man' is a particularly nebulous concept moving beyond interactions with others reflecting the practices, processes and structures that both influence and shape the human being's existence (Heidegger, 1927/2011). Thus, from a Heideggerian perspective 'being with' while acknowledging interaction

with other human beings [*Dasein*] also acknowledges ‘being with’ other entities that impact on *Dasein*’s existence (Heidegger, 1927/2011). Questions were therefore raised from this study’s phenomenological findings as to what affect ‘being with’ had on these participants experiences?

Heidegger (1927/2011) also posited that *Dasein* possessed a ‘preontological’ or indeed a ‘primordial familiarity’ or understanding with regards to the world in which *Dasein* exists. From this viewpoint Heidegger highlighted *Dasein*’s existence as reflecting a pre-ontic<sup>3</sup> level of understanding of their own existence that does not necessarily reveal a complete understanding of the broader social structures and the impact these may have had on their existence (Heidegger, 1927/2011). While participants demonstrated an awareness of their immediate world and existence, what remained unanswered was what mechanisms were the possible contributing causative factors that served in creating this existence?

These aforementioned considerations also raised further questions with regards to what had thus far been revealed from the emic perspective in this study. Questions such as why participants felt different, why services treated some participants differently, why participants sensed being viewed of as a lesser human being by others in their world, why participants felt they existed outside of the realms of normalcy?

A further consideration put forth in the context of this study’s findings was the participants sense of ‘being toward the future’. Heidegger’s construct of ‘being toward’ depicts *Dasein*’s sense of what matters or what they care about. Within this study’s phenomenological findings participants revealed a sense of care with regards to their future goals and ambitions. This again raised questions as to what resources; processes and structures in these teenage parents’ world enabled or constrained their future goals and ambitions.

In context of the questions raised from this study’s phenomenological findings it was evident there was a need to explore in further depth the phenomenon of being a

---

<sup>3</sup> In Heideggerian terminology *ontic* is used in opposition to ontological. Heidegger used this term to refer to the descriptive characteristic of a particular entity, or the plain facts of its existence.

teenage parent service user in the context of the broader world in which they existed. These realisations lead to the decision to use critical realist principles to explore the influence of social structures that formed part of their existence. Thus, the decision to adapt critical realist principles reflected the viewpoint within this approach that recognises the “*reality of both events and discourses*” while also acknowledging the need to “*identify the structures at work that generate those events and discourses*” (Bhaskar, 1989 p. 2).

The adaptation of critical realist principles in this study thus reflected a move from understanding the events exposed from a phenomenological perspective to understanding the mechanisms that had possibly caused these events (Bhaskar, 1989). From this viewpoint reality was now viewed of as consisting of several domains. In particular the focus from a critical realist perspective was to understand the possible causative mechanisms within the participants’ social world that had contributed to their lived experience (Bhaskar, 1989; Layder, 1997). Thus, this study’s focus moved from understanding the emic perspective to now exploring social phenomena that could have been causative mechanisms in shaping participants’ lived experience (Bhaskar, 1989; Layder, 1997). This renewed focus thus reflected the viewpoint within critical realism that an external world exists independently of human consciousness while also acknowledging the participants socially determined knowledge about the reality of their existence as teenage parent service users (Bhaskar, 1989; Layder, 1997). Derek Layder’s (1997) Theory of Social Domains was thus adapted in this study reflecting a layered ontology that gave equal recognition to both individual agency and social structures as possible causative mechanisms. This theory provided the means to consider equally both the subjective and objective realms of existence now presented in this study (Layder, 1997). The subsequent section presents the definition of the teenage parent service user adapted in this study.

### **1.6 Definition of the Teenage Parent Service User in this Study**

In defining the teenage parent in this study cognisance was given to the theoretical debates (see chapter 2.3) outlining adolescence as a life stage period, as emergent and shaped by the onset of fertility (Arnett, 2000; Passer and Smith, 2001; Kaplan,

2004; WHO, 2014). The World Health Organisation's (2014) report defining adolescence as occurring within the life stage time span of 10-19 years including the acknowledgement of early (10-13 years), middle (14-16 years) and late adolescence (17-19 years) provided an initial life stage period for consideration. The onset of fertility was a further consideration depicted as occurring at age 12.5 years (Passer and Smith, 2001; Kaplan, 2004). The final consideration was the ideal of emergence which encompassed the latter aspect of late adolescence depicted in the age range 18-25 years (Arnett, 2000).

In considering these entire parameters fertility onset shaped the decision to include 13 year old participants recognising that this age group could potentially be teenage parents. The recognition of the developmental period defined as emergent adulthood shaped the decision to include participants aged 20. This decision facilitated the inclusion of participants who potentially had become parents as adolescents and were now categorised as adults. For example, a teenager who gave birth to a child at 17 could at the time of this study be 20 years old with a three year old child. Therefore the age criterion used for teenage parents in this study was adolescents who were parents between the ages of 13-20 years.

Another consideration was the need to define what was understood as service user in this study. This decision was shaped by the literature (see chapter 2.6) outlining understanding of the term service user and the level of involvement linked with this concept (Boote et al., 2002; Thompson, 2007; McEvoy et al., 2008).

Therefore the criterion used to recognise the teenage parent as service user was parents who currently use or had used universal child and family services in Ireland. In adapting this criterion the focus was on their individual (micro) level of involvement as a service user of universal child and family health services. A key decision in adapting this criterion was to facilitate the recruitment of participants who had or were currently using universal child and family healthcare services.

In cognisance of the criterion presented above the following definition of the teenage parent was adapted in this study, "the teenage parent aged 13-20 years who currently uses or has used universal child and family healthcare services in



Ireland”. This definition shaped the development of the inclusion criteria for this study as outlined in the following section.

### **1.6.1 Inclusion Criteria Utilised in this Study**

- Teenage parents, mothers or fathers (aged between 13-20 years old)
- Teenage parents who have a child or children (aged between 1 mth -5 yrs old)
- Teenage parents who are living independently
- Teenage parents who are living with their parent/s or guardian

A total of (n = 28) teenage parents contributed as participants in this study. The participants were recruited from three separate areas in Ireland, these being: Dublin, Limerick and Galway.

The age range of the participants who contributed in the study was from 16 to 20 years of age, with the mean age being 18 years of age. The participants’ children’s ages ranged from 2 months old to 2.5 years old. Twenty six of the participants were the parent of one child only. Two participants were the parents of two children. With regards to the participants encounters with universal child and family healthcare services the range of universal services the participants had received included the general practitioner services, maternity/midwifery services, public health nursing services and immunisation services. The subsequent section provides an explanation of this study’s context focusing on both policy and the social context in which the Irish teenage parent exists.

### **1.7 Study Context**

This study’s context and focus is shaped by Irish healthcare policy that advocates a person-centred ethos in the delivery of healthcare. Strategic healthcare policy building on this ethos advocates the recognition and involvement of the service user in shaping healthcare delivery. This policy context shaped by person centeredness is presented in the subsequent sections. Firstly, reflecting the focus of this study exploring teenage parents’ views and experiences of being service users the Irish teenage parents’ social context is explored.

### **1.8 The Irish Teenage Parent’s Context**

The term ‘teenage parent’ is a relatively new concept originating in the United States of America in the 1970’s. This new concept was linked with the recognition of single

parenthood in the teenage years as a separate category of single parenthood (Schinke, 1998; Shields and Pierce, 2006). While ‘teenage parenthood’ preceded the 1970’s, Shield’s and Pierce (2006) suggest that the visibility of the ‘teenage parent’ was brought to the fore through social and political dialog. This discourse associated with debates on consumerism, financial self sufficiency and welfare costs contributed toward the identification of teenage parenthood as a problematic issue (Hongling et al., 2001; Moffitt, 2002; Weinman et al., 2002; Elfenbein and Felice, 2003; Sarri and Phillips, 2004; Wahn et al., 2005).The international context exploring understandings of teenage parenthood is explored later in more depth (see chapter 2.4).

In considering the Irish teenage parent, the discourse concerned with the economic implications of teenage parenthood, such as, financial dependency, limited employment prospects and welfare dependence reveals the social context within which the Irish teenage parent currently exists (Hyde, 2000; Luddy, 2011; Power, 2011).However, a further influence impacting on the present day context of the Irish teenage parent is the historical influence of the Catholic Church (Viney, 1964; Smyth, 1992; Darling, 1984; Hyde, 2000; Horgan, 2001; Millar, 2003; Fanning, 2004; Luddy, 2011; Crosse and Millar, 2015).

Prior to the depiction of the ‘teenage parent’ as a financial cost to society understandings of this parent included debates linked with religiosity. The historical influence of the Catholic Church on the social context of the Irish teenage parent placed their status as that of being immoral and evil (Viney, 1964; Smyth, 1992; Darling, 1984; Hyde, 2000; Luddy, 2011). The church’s influential doctrine linked with sexual reproductive practices remained a dominant force up until the late 1980’s (Horgan, 2001; Millar, 2003; Fanning, 2004; Crosse and Millar, 2015). The church’s dominant role as the guardian of morality advocated sexual activity focused solely on reproduction within the institution of marriage. Thus, sexual activity outside the confines of marriage was viewed as immoral and evil (Viney, 1964; Smyth, 1992; Darling, 1984; Hyde, 2000; Luddy, 2011).

This discourse placed not necessarily the teenage parent but the single unmarried woman in the realms of being ‘fallen’ with a label of ‘mental instability’ on the

person who entered into this fallen state (Hyde, 2000; Luddy, 2011). Concerns were placed on the notion of the illegitimacy of these unmarried single women's children; the influence these women had on the fabric of the family; morality of society and the burden of cost on the state (Hyde, 2000; Cherrington and Breheny, 2005; Scholl, 2007; Power, 2011; Luddy, 2011; Crosse and Millar, 2015).

The Catholic Church's influence on Irish policy development linked with the family and sexual reproductive practices remained dominant up until the 1970's (Connolly, 2005; Ryan, 2010). Thus, from both a religious and political viewpoint single parenthood outside of the institution of marriage was viewed as shameful and immoral. For the children of these single parents their rights within Irish policy and family law were discriminated against in comparison to the child born within wedlock (Connolly, 2005; Ryan, 2010). In the mid 1930's policy addressing lone parenthood initially reflected a focus on supporting widows and deserted wives with the unmarried parent not being considered. However, policy focusing on the unmarried mother reflected the development of two categories/classes associated with this population group (McKeown, 2000; Garrett, 2000, 2004). These classes included those who could be rehabilitated and those who were "*less than hopeful*" (Garrett, 2004, p.333).

For the unmarried mother categorised as 'less than hopeful' the focus on detention within rehabilitative institutions reflected that of disciplinarian firmness. These institutions offered a safeguard to the larger community against the evil contaminant that was the unmarried mother in need of reform, supervision and guardianship (Garrett, 2004). The admission of unmarried mothers to Magdalene asylums throughout Ireland reflected a perceived need to reform the feeble minded mother who had 'fallen' from morality in conceiving a child out of wedlock (Garrett, 2000, 2004; Ryan, 2010; Luddy, 2011).

The aforementioned earlier debates within Irish society of the teenage parent categorised within the realms of unmarried parent reflected discourses of scorn, shame and morality. The label of 'fallen' conferred on those who had conceived a child outside of the recognised institution of marriage reflected a focus on reform, rehabilitation and containment (Viney, 1964; Smyth, 1992; Darling, 1984; Hyde,

2000; Luddy, 2011). However, more recently the discourse of economic burden, welfare cost and social pariah appears to have replaced that of the fallen, immoral human being (Hyde, 2000; Power, 2011; Crosse and Millar, 2015). The transition toward an economic discourse reflected social structural changes in Irish society following the decline of the dominant influence of the Catholic Church (McCafferty 1985; Hayes, 1985; Inglis, 2003). This decline in influence became particularly evident following a number of high profile cases that questioned catholic teachings linked with sexual morality (McCafferty 1985; Hayes, 1985; Inglis, 2003).

The deaths of the baby of Joanne Hayes<sup>4</sup> and Anne Lovett<sup>5</sup> and her baby in 1984 prompted discourse linked with morality, single motherhood and catholic teachings (McCafferty 1985; Hayes, 1985; Inglis, 2003). Eight years later in 1992 the public scandal exposing Bishop Eamon Casey's affair<sup>6</sup> with Ms Annie Murphy represents a pivotal moment in Irish Catholicism with the power of the church being questioned publicly. Subsequent revelations linked with clerical sex abuse scandals (Murphy, 2009; Ryan, 2010) and the recent Tuam babies scandal<sup>7</sup> (Irish Times, 2014) have served in shaping public opinion and the diminishing dominant influence of the Catholic Church in Irish Society (Murphy, 2009; Ryan, 2010; Irish Times, 2014).

---

<sup>4</sup> In April 1984, the discovery of a newborn baby boy's body was found washed up on a beach in Caherciveen, County Kerry, Ireland. The infant had been stabbed and beaten badly. A national investigation was launched that culminated in Ms Joanne Hayes being viewed as a prime suspect. Ms Hayes was an unmarried woman who had become pregnant by a married man, Jeromiah Locke. Ms Hayes gave birth at home to what she claimed was a stillborn child. Forensic evidence confirmed that the baby discovered at Caherciveen was not her child. The body of Ms Hayes' own child was discovered wrapped in a plastic bag and buried on the family farm. A resultant inquiry known as the Kerry Babies Tribunal revealed the case could not be irrefutable proven and questioned Gardai actions. Ms Hayes claimed Gardai threatened both her and her family to confess to the death of both babies. Ms Hayes was vilified in the course of the governmental tribunal as a woman of loose morals. This prompted a national debate with regards to both the Catholic Church and states' right to dictate moral codes and maternal behaviour.

<sup>5</sup> Ann Lovett was a fifteen-year-old schoolgirl from Granard, County Longford, Ireland who died giving birth at a grotto dedicated to the Virgin Mary on the 31<sup>st</sup> of January 1984. Her baby son died at the same time. Her death and the death of her son prompted a national debate on women giving birth outside of marriage.

<sup>6</sup> The affair of Bishop Eamon Casey and Ms. Annie Murphy exposed by the media in 1992 revealed their sexual relationship resulting in the birth of their son Peter in 1974. Ms Murphy claimed that Bishop Casey tried to persuade her to give her son up for adoption. However, she chose to raise Peter in America as a lone parent with the assistance of her family. Bishop Casey's resignation is regarded as a pivotal moment when the dominant power of the Catholic Church over both society and politics was diminishing.

<sup>7</sup> In 2012, local historian, Catherine Corless published an article revealing that 796 children, most of them infants, had died at the Bon Secours Mother and Baby Home in Tuam, County Galway, Ireland. This was a home for unmarried mothers and their children that operated between 1925 and 1961. Corless' research revealed the existence of an unmarked mass grave that was believed to be the site of the mother and baby homes' septic tank. The burial site was not registered with the authorities and no record had been kept of the burials.

Today, the numbers of practicing Catholics has decreased by more than 40% since 1998 (McGarry, 2012). This loosening of the dominant power of Catholic teachings is also reflected in the demographic changes linked with a dramatic increase in births outside of marriage. This increase reflected a move from 5% in 1980 to 35.1% in 2012 of births outside of the institution of marriage (Central Statistics Office (CSO), 2012). Thus, in the current Irish context extramarital births and single parenthood represent a growing trend (McKeown, 2000; Hannan, 2008; CSO, 2012).

The demographic social structural changes in Ireland linked with an increase in single parenthood have given rise to economic discourse replacing that of religiosity (McKeown, 2000; Hannan, 2008; Crosse and Millar, 2015). This discourse focused on welfare provision of the unmarried parent replaced issues of morality with that of the need for financial support (Dempsey et al, 2001; Riordan and Ryan, 2002; Crosse and Millar, 2015). Crosse and Millar (2015, p. 1) highlights that

*whilst the issue of morality has changed, with 34% of all births in Ireland occurring outside of marriage (CSO, 2012), the discourse surrounding the drain lone parents place on resources has certainly not disappeared.*

However, while single parenthood in Ireland represents an upward trajectory this does not reflect the trend linked with the incidences of teenage births in Ireland (CSO, 2012). Today the number of Irish teenage parents is decreasing nationally (CSO, 2010a, 2012). The CSO in their reports present this decreasing trend highlighting that since 1999 the percentage of births to teenage mothers has continued to fall annually. This decrease has moved from 3,314 (6.2%) in 1999 to 1,639 (2.3%) of births to teenage mothers in 2012 (CSO, 2010a, 2012). This represents a dramatic change in the epidemiological landscape representing the percentage of teenage births in Ireland. When compared to Northern Ireland (4.6%), Scotland (5.8%) and England (5.0%) Ireland has approximately half the national average of teenage births within these countries (CSO, 2012).

The Irish context echoes the international literature (see chapter 2.4.2) highlighting that parenthood in adolescence is linked with indicators of disadvantage such as low socio economic status, low educational attainment and limited employment opportunity (Hongling et al., 2001; Berthoud and Robson, 2001; Dempsey et al,

2001; Moffitt., 2002; Riordan and Ryan, 2002; Elfenbein and Felice, 2003; Sarri and Phillips, 2004; Richardson, 2004; Wahn et al., 2005; DoHC, 2010). The rationale given with regards to this disadvantaged status reflects limited life opportunity linked with early parenthood (Berthoud and Robson, 2001). These limited life opportunities include limited possibility of gaining employment linked with early school leaving and educational attainment as well as parental responsibility with regards to childcare commitments (Berthoud and Robson, 2001). From this low socio economic status the teenage parent is propelled into an existence of potential financial insecurity and poverty (Dempsey et al, 2001; Berthoud and Robson, 2001; Riordan and Ryan, 2002; Richardson, 2004).

This viewpoint is reiterated with regards to Irish teenage parents who are faced with similar challenges of being a lone parent, leaving education early with resultant limited opportunity of employment or access to affordable childcare services (Dempsey et al, 2001; Riordan and Ryan, 2002; Richardson, 2004; DoHC, 2010; Treoir, 2011). Treoir (2011) in their analysis of Teen Parent Support Programme users echoes this evidence highlighting that 29% of teenage parents left school early without attaining their leaving certificate<sup>8</sup>, representing almost double the national average of 11.7% (CSO, 2010a). This report also highlighted that teen parents who leave school early are more likely to have been placed in a social care setting in the past and subsequently are less likely to be living with their family:

*66% of early school leavers left school before their pregnancy, that they were less likely to be living with their family and more likely to have a social care history than those who had completed their Leaving Certificate.*

(Treoir, 2011, p. 2).

Furthermore, Treoir (2011) demonstrate that of (n = 1,325) parents using their service nearly half (49%) were not in employment and were in receipt of lone parents allowance. The Growing Up in Ireland report (DoHC, 2010) focusing on infants and their families, reveals a clear relationship between the mother's age, their social classification, and their level of education

*A positive relationship with...the mother's average age increased as her family social-class group, her level of educational attainment and her family income increased.*

(DoHC, 2010, p 30).

---

<sup>8</sup> Leaving Certificate is the final examination in the Irish secondary/post primary school education system.

This report also demonstrates links with level of educational attainment and engagement in risky behaviours. An example of this includes the increased likelihood of participants with lower educational status continuing risk taking behaviours such as smoking and drinking during pregnancy in comparison to their counterparts who had a higher educational status (DoHC, 2010).

Such high levels of unemployment have led to the provision of welfare representing a key aspect of the Irish teenage parents' social context. However, this provision has been depicted as inadequate in countering the risk of poverty linked with teenage parenthood (Dempsey et al, 2001; Riordan and Ryan, 2002; CSO, 2010b, 2012; Fahey and Keilty, 2013; Crosse and Millar, 2015). Within the Irish context the teenage parent is subsumed within the welfare provision discourse associated with lone parent families. One parent welfare provision is made available to 215,000 families in Ireland (CSO, 2012). 98% of this welfare provision is made available to women who are lone parents (CSO, 2012). However, with regards to poverty indices lone parent families in Ireland are represented as having the lowest disposable income in the country, experience the highest rate of deprivation and are characterised as high poverty family types (CSO, 2010b, 2012; Fahey and Keilty, 2013; Crosse and Millar, 2015) Thus, the Irish teenage parent struggling on welfare provision represents a population group that predominantly exists in poverty with limited opportunity to change this existence ( Fahey and Keilty, 2013; Crosse and Millar, 2015).

This image of the impoverished teenage parent who is welfare dependent has given rise to another type of discourse that arguably places them in the category of welfare burden, social pariah and stigmatised (Hyde, 2000; McKeown, 2000; Luddy, 2011; Power, 2011). Luddy (2011) highlights the historical depiction of the unmarried single mother as being a burden on the Irish taxpayer and a cost on the state. McKeown (2000) points to the vilification of the single mother who is undervalued within Irish society. Power (2011) pointing to the 'class disgust' concept in the Irish context revealed a comparison between middle class values and single parenthood. This comparison represented a challenge to the ideological view of 'normal' parenthood in Ireland depicted as the 30 something mother who is educationally prepared and financially secure. This comparison is particularly evident in media

depictions of the parent who does not fit societal ideals of normalcy linked with parenthood (Myers, 2005; Hadfield et al, 2007; Tyler, 2008).

Myers (2005) scathing depiction of single women with children as mothers of bastards ‘MOBS’ argued in his Irish Times article about the burden social security payments to single mothers placed on the Irish state. This viewpoint resonates with discourse of the British ‘chav’ depicting the teenage parent as the “*pram faced dole scrounger*” (Tyler, 2008, p.18). This discourse serves to place the teenage parent in the position of ‘other’ (Spivak, 1985). In the Irish context this ‘other’ represents the young teenage parent who is arguably the nemesis of the ‘normal’ parent with a historical heritage of religious immorality and present day social status of lower class welfare burden (McKeown, 2000; Hyde, 2000; Power, 2011; Luddy, 2011).

The aforementioned discourses have contributed to the sense of fittingness or indeed acceptability associated with teenage parenthood in the Irish context. Their representation in Irish society reflect debates of morality, religiosity and welfare burden (McKeown, 2000; Hyde, 2000; Power, 2011; Luddy, 2011; Crosse and Millar, 2015). Within this context the young teenage parent is arguably pitched within Irish society against the notion of the settled, mature, financially stable, educationally prepared, established parent who depicts when it is socially acceptable to become a parent (Hyde, 2000; Power, 2011; Luddy, 2011).

In considering this context it is suggested that teenage parents as healthcare service users have unique and distinct health needs. These needs not only reflect their physical and psychological needs but also their social needs. For Irish teenage parents as service users it is suggested their broader determinants of health need to be considered. These determinants encompass the social context in which this teenage parent exists. Thus, Irish teenage parents as service users are a unique population grouping with unique needs as service users that include the effect their social context has on their existence as well as their biological and psychological needs. Their social status as a young parent and the impact parenthood has on their future possibilities also reveal the unique needs of this population group. It is therefore argued that there was a need to place the teenage parent at the centre of this research acknowledging their right to be heard as a health service user. This



emphasise was shaped by the ethos inherent with Irish health care policy advocating person centeredness and service user involvement (DoHC, 2001a, 2001b 2012; DoHC and HSE, 2008). Thus, the policy context of this research initially presented explores person centeredness that shapes Irish healthcare policy delivery.

### 1.9 Person-Centred Care Context

The literature reveals that a person-centred approach to care delivery promotes a humanistic focus (Rogers, 1949; Kitwood, 1997; McCance et al., 1999; Ford and McCormack, 2000; Mead and Bower, 2000; McCormack, 2001, 2003, 2004; Nolan et al, 2004; McCormack and McCance, 2010) and enhances the therapeutic relationship between the professional providing the service and the client/patient receiving the service (McCormack, 2001, 2003, 2004). In enhancing this relationship the literature reveals that key elements such as trust, communication and an open collaborative foci is developed within the provider user relationship (McCance et al., 1999; McCormack 2001, 2004).

The theoretical underpinnings of person centeredness is reflected in the work of psychologist Carl Rogers whose focus was on the ethos of unconditional positive regard that placed emphasis on the shared relationship between the provider and user (Rogers, 1949). His model promoted viewing the client as an autonomous human being whose decisions were a matter of personal choice. This choice could be supported, enhanced and facilitated in the clinical context utilising unconditional positive regard principles. These principles included acceptance of the client as a person of inherent worth, empathetic understanding of the client and congruence reflecting genuineness within the relationship (Rogers, 1949). From this viewpoint Rogers advocated the need for service providers to demonstrate a

*...willingness and sensitive ability to understand the client's thoughts, feelings and struggles from the client's point of view.*

(Rogers, 1949, p. 84).

More recent explorations of this concept reveal a similar ethos acknowledging a focus on the collaborative relationship between provider and user (Ford and McCormack, 2000; Nolan et al, 2004). This relationship encompasses a focus on the development of a humanistic approach that includes trust, recognition of the user's

biography, personhood, beliefs, cultural values, abilities and strengths (Kitwood, 1997; Ford and Mc Cormack, 2000). Inherent within this trusting relationship is the imperative for both the provider and the user to possess a sense of security, belonging, purpose and significance (Nolan et al, 2004). Thus, from this viewpoint person centeredness recognises both interdependence and reciprocity as important aspects of the relationship (Nolan et al, 2004).

An overarching principle within person centeredness is the ideal of putting the person/patient/client at the centre of the care process recognising their personhood (Kitwood, 1997; McCormack and McCance, 2006; Bergman and Trost, 2006; Alharbi et al., 2012). Alharbi et al. (2012, p. 296) highlighted that within the context of health care delivery a person-centred approach to care advocates

*...taking into account other essential elements such as the patient's capabilities, their future plans and environment.*

From this viewpoint person centeredness acknowledges the person's values and right to autonomy in the context of a trusting relationship (McCormack, 2001, 2003, 2004). In acknowledging values, rights and personal autonomy the dynamics of both power and control within the relationship is brought to the fore (McCormack, 2001, 2003, 2004). Therefore professional authority and the impact of professional institutions as a potential constraint on the right to self determine are considerations in the delivery of person centred care (McCormack, 2001). Thus, both the organisational ethos and service personnel providing person centred care are critical in the enablement/empowerment of the patient/client in the delivery of this care model (Meek, 1998; Yurkovich et al., 1999; McCormack, 2001; Blank, 2004). Thus, the organisational culture also formulates a key component in the delivery of person centred care (Scott et al, 2003; Innes et al, 2006). From this perspective the organisation plays a crucial role with regards to resources, staff preparation and context readiness in the delivery of person centred care focused on enabling and empowering the service user (McCormack, 2001, 2003, 2004; Scott et al, 2003; Innes et al, 2006, McCormack and McCance, 2010).

From the perspective of viewing person-centred care as a process of empowerment the personal qualities of personnel providing care are viewed as imperative (Meek,

1998; Yurkovich et al., 1999; McCormack, 2001, 2003, 2004; Blank, 2004). Personnel who demonstrates empathetic, respectful qualities providing a sense of both valuing and being interested in the user reveal service users feeling empowered by these interactions (Meek, 1998; Yurkovich et al., 1999; McCormack, 2001, 2003, 2004; Blank, 2004). This ethos of receiving an empathetic, respectful service highlights the importance of recognising the moral agency of the patient/client (McCormack and Ford, 1999; McCormack, 2001, 2003, 2004). This form of agency can be enhanced through the recognition of the patient/clients' personhood, dignity and integrity (McCormack and Ford, 1999; McCormack, 2001, 2003, 2004; McCormack and McCance, 2010). It demands of personnel providing this model of care the capacity, skill and knowledge to be effective communicators, to work within a rights based ethos and be effective facilitators of health enhancing experiences (Meek 1998; Yurkovich et al., 1999; McCormack and Ford, 1999; McCormack, 2001, 2003, 2004; Blank, 2004).

In order for personnel to be effective in the delivery of this model of care the literature reveals the need for the organisation to support the practice environment that delivers this form of care (McCormack and Ford, 1999; McCormack, 2001, 2003, 2004). The impact of both organisational settings and service personnel in the delivery of person-centred care is explored in more depth in chapters eight and nine of this study. However, in outlining the background and context of this study Irish health care policy that advocates person/people centred care delivery is also presented (DoHC, 2001a, 2001b, 2012; DoHC and HSE, 2008).

The ideal of facilitating service user involvement in Irish health policy is underpinned by the concept of person/people centeredness (DoHC and HSE, 2008). This ethos underpins key strategic policy guiding health service delivery in Ireland (DoHC, 2001a, 2001b, 2012). This concept therefore formulates a key aspect of considering the teenage parent as a service user in this study focusing on the ideals of valuing the persons' self-worth and hearing their views as service users (DoHC, 2001a, 2001b; 2012; DoHC and HSE, 2008). This ethos shapes Irish health care policy which advocates person/people centeredness.

## 1.10 Policy Context

A number of key policies have been influential in the development of this study's focus. The policies presented in this section are explored in more depth later (see chapter 2.5). In presenting this study's policy context a brief introduction is provided here to key policy focusing on the following key areas. Policy advocating effective service user involvement facilitating the individual and collective voice of users (DoHC, 2001a, 2001b; World Health Organisation (WHO), 2003, 2005, 2010; DoHC and HSE, 2008). Policy advocating valuing the health service user as the expert patient reflecting ideals of person centeredness that recognises the shared collaborative relationship between user and provider (DoHC, 2001a, 2001b; HSE & DoHC, 2008). International and Irish policy developments with regards to children and young peoples' rights to be heard, valued and respected as citizens (United Nations Convention on the Rights of the Child (UNCRC), 1989; DoHC, 2000; WHO, 2003, 2005, 2010). Another important consideration within this study is policy focusing on young peoples' rights to be valued and heard within the healthcare setting (National Conjoint Child Health Committee, 2001, 2002; OMC, 2004, 2007; Department of Children and Youth Affairs (DYCA), 2004, 2006a, 2006b; HSE & DoHC, 2008; House of the Oireachtas, 2012).

### 1.10.1 Irish Health Policy, Person Centeredness and Service User Context.

In Ireland the emphasis within the National Health Strategy 'Quality and Fairness: A Health System for You' is on person/people-centred and quality service delivery (DoHC, 2001a). This emphasis places onus on addressing the ideal of empowerment of people through active participation in decisions affecting their health and wellbeing. The means through which these ideals are met is through the delivery of a fair, accessible, equitable, quality service (DoHC, 2001a).

Quality and Fairness, a Health System for You (DoHC, 2001a) and the related sister document Primary Care, A New Direction (DoHC, 2001b) advocate the delivery of health services focusing on the provision of primary care and primary health care. These models of care provision are explored in more depth in chapter 2.5. These strategies focus on the principles of equity, fairness and justice acknowledging a person centered focus with health care delivered within the context of the persons

local setting (DoHC, 2001a, 2001b). More recent developments with regards to Irish Health Service reforms continue to acknowledge this focus on primary care and primary health care principles encompassing a people/person centered ethos (DoHC, 2012). In the literature presented what appears to be paramount from a health strategy perspective is the importance of health service delivery that is collaborative, acknowledging the principles of fairness, justice, equity and person centeredness (DoHC, 2001a, 2001b, 2012).

Building on these strategic developments the 'National Strategy for Service User involvement in the Health Service' (DoHC and HSE, 2008) gives the service user a pivotal role in the creation of policy affecting their health and wellbeing. This strategies focus also emphasises a person/people centred ethos and quality service delivery placing onus on the empowerment of people through their active participation. These policies focus on the generic Irish populations' right to participate as service users in health service development, planning and delivery (DoHC, 2001a, 2001b, 2012; DoHC and HSE, 2008). However, they do not make explicate the particular role and function of both children and young peoples' participation as service users.

### **1.10.2 Policy Influencing the Focus on Young People as Service Users**

Movements to acknowledge the individual rights of the child as an active member of society with their own unique set of rights separate from adults has clearly been demonstrated in the United Nations Convention on the Rights of the Child (UNCRC, 1989). This convention has been viewed as the most significant contribution to supporting children and young people's autonomy and participatory rights (Mayall, 2001; Such and Walker, 2005). The acknowledgement of children and young peoples' autonomy is particularly evident in Article 12 outlining children and young peoples' right to express their views freely in matters affecting them personally (UNCRC, 1989). Within this context children and young peoples' voices are heard acknowledging their independent status in society and thus their agency. Article 12 advocates:

*that Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due*

*weight in accordance with the age and maturity of the child.*

(United Nations Convention on the Rights of the Child, 1989).

While Article 12 advocates independence and agency Article 24 advocates human rights principles acknowledging that young people have the right to

*the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.*

(United Nations Convention on the Rights of the Child, 1989).

With regards to adolescents/teenagers and health services, the World Health Organisation (WHO) advocated the development of ‘Adolescent Friendly Health Services’ that are:

*accessible, acceptable and appropriate for adolescents.... are in the right place at the right time at the right price (free where necessary) and delivered in the right style to be acceptable to young people.*

(WHO, 2002, p 27).

Their continued focus on the strategic development of child and adolescent strategies that are youth friendly reflect the ethos of person centeredness advocating young people as experts in service development and delivery initiatives (WHO, 2005, 2010).

*Young people have a genuine interest in issues related to their health and well-being and have a right to a voice in decisions influencing their health enshrined in the UN Convention on the Rights of the Child. Participation of children and adolescents is crucial to the successful development and implementation of strategies, policies and services; adolescents are the experts on youth culture and are well placed to help in the design and running of youth-friendly services.*

(WHO, 2010, p.9).

Within Ireland the recently passed Children’s Rights Referendum (House of the Oireachtas, 2012) while focused on the protection of children echoed the UNCRC (1989) ethos providing a clear and explicit focus on the rights of the child

*...who is capable of forming his or her own views, the views of the child shall be ascertained and given due weight having regard to the age and maturity of the child.*

(House of the Oireachtas, 2012, p 9).

In Ireland, under the auspices of ‘Best Health for Children’, guidelines were

developed focusing on working with adolescents (National Conjoint Child Health Committee, 2001, 2002). These guidelines clearly advocated working in partnership with adolescents in seeking their views on service delivery, planning and evaluation. However, the focus of this publication was on adolescent health promotion with limited review of adolescents who are parents in the receipt of health services. Similarly, Kilkelly and Donnelly in their report addressing the ‘Child’s Right to be Heard in the Healthcare Setting’ made a key recommendation that

*Further research should be undertaken into the extent to which children are listened to in the healthcare setting. In particular, the experiences of teenager.*

(Department of Children and Youth Affairs, 2006a, p. 6).

Within the Irish context there is now impetus and momentum towards giving due recognition and focus to children and young people to actively participate as service users in their health services (Department of Children and Youth Affairs, 2004,2006a, 2006b).

The Office of the Minister for Children (OMC) in their guidelines ‘Young Voices, Guidelines on how to involve children in your work’ (Department of Children and Youth Affairs, 2004) outlined key principles to include children and young people in decision making processes. The key principles enshrined in this policy included a person-centred approach to involve children and young people with services and organisations nationally. These principles included recognising diversity, equality, honesty, transparency, accountability, empowerment, respect and partnership.

Similarly, in their report ‘Giving Children a Voice, Investigation of children’s experiences of participation in consultation and decision making in Irish Hospitals’ (Department of Children and Youth Affairs, 2006b) they put forth a key recommendation stating that

*Steps should be taken to increase awareness of all stakeholders — including children and young people, parents, healthcare professionals and managers — of children’s right to be consulted in matters that affect them.*

(Department of Children and Youth Affairs, 2006b, p.6).

While these policies advocate the clear need to hear the voice of the service user and work in partnership with adolescents/young people, there appears to be a dearth of policy focus that specifically addresses the teenage parent as a user of healthcare services. While, none of the aforesaid strategies/ policies/ /guidelines particularly singles out the teenage parent as service user, their principles advocating person centeredness are important in considering this population group. The rationale in suggesting the importance of providing a person-centred service to teenage parents is argued from the perspective of the social construction of this population group (see chapter 1.8) that places them in the category of problematical (Cherrington and Breheny, 2005; Shield and Pierce , 2006; Scholl, 2007; Luddy, 2011).

In considering strategic policy development focusing on person centeredness and the active participation of young people in health service delivery it is believed that teenage parents are potential key informants of being health service users (Department of Children and Youth Affairs, 2004, 2006a, 2006b; DoHC and HSE, 2008). The voice of the teenage parent would therefore serve to enhance our understanding of this population grouping as service users. The imperative of placing the teenage parent at the centre of the caring process through the adaptation of person-centred principles is reflected in the ethos of this study in hearing the participants' views and acknowledging their rights as a service user. Thus, from a phenomenological perspective this study provides a means to reveal potential issues affecting them as service users. The ongoing explication of their lived experience through the adaptation of critical realist principles utilising Derek Layder's (1997) Theory of Social Domains provides a means to understand the impact society has on these parents as service users. It explores power relations across the domains of social life that shape and mould these parents' existence. The findings from this study have the potential to inform and contribute to practices, policy and research that influence the delivery of healthcare services to teenage parent. Presentation of the research as a means of disseminating the eventual findings through the medium of conferences, publications and working with clinical partners has the potential to influence practices with regards to health service delivery for teenage parents. The subsequent section presents the universal child and family services provided under Irish healthcare policy context that is explored in this study.



## **1.11 Universal Child and Family Health Services Explored in this Study**

The delivery of universal child and family health services in Ireland reflect the principles enshrined in primary health care provision reflecting delivery of an equitable, fair and just service (DoHC, 2001a, 2001b, 2012). In the context of this study exploring teenage parents' views and experiences of these services as users, the following provides a brief overview of these services.

Within the Irish health service structure universal child and family health services represent an array of services extending across both the acute and primary care settings (DoHC, 2001a, 2001b, 2012). Services focused within the primary care setting include primary care services reflecting the first point of contact such as the General Practitioner (GP), primary care services provided by primary health care teams including team members such as the GP, Social Service, Public Health Nurse (PHN), School Health, Vaccination and Immunisation Service, Speech and Language therapy, Physiotherapy, Occupational therapy. Services within the acute setting include Maternity and Infant Welfare services, Paediatric services and general hospital services. Within this healthcare structure currently a two tier system exists reflecting both public and private healthcare services (McDaid et al., 2009).

This study focuses on universal child and family services available through the public service structure. These services are universally available to all and are provided free of charge to the child and their family (Office of the Attorney General, 1970). Under Irish legislation the Health Service Executive (HSE) is obliged to provide free of charge health services to children under the age of six years (Office of the Attorney General, 1970). These free universally accessible services can be divided into the following categories: maternity and infant welfare, preschool children, school health and vaccination and immunisation services (DoHC, 2001a, 2001b; McDaid et al., 2009). The following outlines the type of services provided within each of these categories.

### **1.11.1 Maternity and Infant Welfare Scheme**

This scheme provides a health service to pregnant mothers and is predominantly provided through a shared/combined process by general practice (GP- primary care)

in the primary care setting and obstetric care in the acute care setting which also encompasses midwifery care provision. This service is provided universally to all expectant mothers who are resident in Ireland and extends from the time of antenatal booking up until six weeks postnatal after birth (Lyons et al., 2001; McDaid, 2009). As part of this scheme the woman is entitled to receive combined shared care between the GP and the obstetric/maternity unit team.

The entitlements under this scheme include a total of six antenatal examinations during the period provided through the GP and/or maternity services. Following birth both the woman and her newborn infant are entitled to two examinations as part of this scheme. These entitlements include examination of the infant at two weeks and examination of the mother and the infant at six weeks. The six week examination of the infant includes a developmental assessment. These examinations can be conducted by the GP or the maternity services dependent on the mother or infants needs (Lyons et al., 2001; McDaid, 2009).

#### **1.11.2 Health Services for Pre School Children**

This universal service is provided to all families with children under the age of 5 years old living in Ireland. It is provided within the primary care setting and incorporates the Core Child Health Screening and Surveillance programme recommended within the Best Health for Children Strategy (Denyer et al., 1998; Programme of Action for Children, 2005). This strategy recommends a total of 9 core screening and surveillance reviews of the child. These reviews are provided by the public health nurse who undertakes seven of the reviews and the Area Medical Officer who undertakes two of the reviews. The programme commences with the new birth review conducted within 48 hours of discharge from the maternity services and completes with the final review at 4 years old when the child is transferred to the school health services.

#### **1.11.3 School Health Services**

This universal service incorporates a universal screening service of the school age child between the age of six to twelve years and includes screening of hearing, vision, immunisation and if needed physical examination. This service is provided

by the Area Medical Officer and the Public Health Nurse (Denyer et al., 1998; Lyons et al., 2001; Programme of Action for Children, 2005; McDaid, 2009; O’Dwyer, 2012).

#### **1.11.4 Vaccination and Immunisation Services**

This universal service is overseen by the Health Service Executive National Immunisation Office (HSE, 2012). This office oversees the coordination of the recommended national immunisation programme and campaigns (HSE, 2012). The national immunisation programme is provided firstly under the auspices of the childhood immunisation schedule to children up to the age of 4-5 years and secondly under the school immunisation schedule up to the age of fourteen. The service is provided by the GP or in the context of the school service by the Area Medical Officer.

This brief overview of the current universal child and family health services in Ireland outlines the array of potential services the teenage parent as service user will have had the opportunity to interact with. However, the age of participants’ children will determine the services they will have experienced as service users. For example, dependent on their child’s age they may not have had interaction with the school health service. The following section provides an initial presentation of my personal reflective journey outlining my initial thought processes in considering this study’s context, aims, objectives, research questions and initial methodological focus.

#### **1.12 Reflexivity**

Reflexivity has been described as the attitude of attending systematically to the context of knowledge construction at each stage of the research process (Matlerud, 2001; Charmaz, 2006). This systematic attention facilitates

*...the researchers scrutiny of his or her research experience, decisions and interpretations in ways that bring the researcher into the process and allow the reader to assess how and to what extent the researcher’s interest, position, and assumptions influenced inquiry.*

(Charmaz, 2006, p. 188).

From this viewpoint,

*a reflexive stance informs how the researcher conducts his or her research, relates to the research participants and represents them in written reports.*

(Charmaz, 2006, p. 189).

Reflexivity thus permeates every aspect of the research process, challenging the researcher to develop a heightened consciousness of what they study and how they make this choice (Hertz, 1997).

The literature highlights the importance of considering the researcher's position which includes an array of key elements such as personal characteristics, beliefs, preferences and ideological stances (Hertz, 1997; Hellowell, 2006). Thus, the position of the researcher is a particularly important vantage point to begin the reflective process within research (Hertz, 1997; Hellowell, 2006).

In considering my position as a researcher at the outset of conducting this study my personal worldview experientially learnt initially shaped my decisions. The decision to explore views and experiences reflected my innate personal belief that hearing the voice of the human being was crucial in understanding their views, values and needs. This personal viewpoint was shaped by my career history within nursing and midwifery. I passionately believe that the human being should be at the centre of the caring process.

My decision to explore the views and experiences of teenage parents as health service users was firstly influenced by this personal viewpoint. My past experience of working with teenagers particularly as a community midwife and health visitor in England exposed me to some of the issues affecting these young parents' lives. I was aware of the challenges they faced in adapting to parenthood and in struggling to survive on welfare benefit often unsupported by others. Back then when working with these parents I often questioned whether the services I provided as a midwife and health visitor was in any way helpful to them. At a common sense level I knew these parents appreciated being heard and having someone who displayed empathy toward them. I was also aware that they were fearful of not being accepted because they were young parents.

This past experience at the early stages of this research positioned me on the cusp of having an 'insider' role (Hellowell, 2006; Padgett, 2008). The concept of 'insider' depicts the position of the researcher as having some insight linked with the topic of research, while 'outsider' reflects no previous knowledge or experience of the research topic (Hellowell, 2006; Padgett, 2008). I depict my position as researcher as being on the cusp of 'insider' because I feel that I had some insight of working with teenage parents professionally. However, my knowledge in understanding their personal existence as a teenage parent was limited and positions me as 'outsider' (Hellowell, 2006; Padgett, 2008). This past experience influenced my decision to explore being a teenage parent service user further. In making this decision I was clear that I wanted to understand in more depth what being a service user actually meant for them. Several questions were raised for me in making this decision. What was being a teenage parent like? How did becoming a parent affect their existence? What was the experience of dealing with healthcare services like for them and what did they think of these services? These tentative questions directed me toward qualitative research almost instinctively because it facilitated the exploration of subjective views (Guba and Lincoln, 1994; Welford et al., 2011). At a personal instinctive level I knew that I wanted to hear teenage parents' views from their personal perspective. I wanted the teenage parent to be at the centre of this research study and I wanted to choose a research method that facilitated hearing their unique voice. I was also clear from the outset that I did not wish to conduct 'research on' but rather 'research with' the human being.

As I engaged with the literature focusing on methodological approaches I was drawn toward Heidegger's interpretive phenomenology because for me it was analogous with my position as a researcher (Heidegger, 1927/2011). Heidegger's concept of intersubjectivity reflected my ideals of conducting research with the teenage parent. It allowed me the opportunity to firstly acknowledge the participants interpretation of their experience and it facilitated my interpretation of this experience (Heidegger, 1927/2011). Heidegger's phenomenology provided for me the means to explicate the meaning of 'Being' focusing on the lived experience of teenage parents as service users. This focus on 'Being' allowed me to explore what it meant to be a teenage parent receiving child and family healthcare services. Heidegger's focus on the human beings' everyday world revealed through their

consciousness reflected for me a key feature of conducting this research in that it acknowledged the voice of the participants (Heidegger, 1927/2011; Cresswell, 2007, 2009).

In acknowledging the views and experiences of participants I felt I was placing the teenage parent at the centre of this study. Again as I engaged with the literature exploring healthcare policy I realised that the ethos of person-centred care echoed some of my personal viewpoints (DoHC, 2001a, 2001b, 2012). This also resonated with my view of how healthcare services should be delivered placing the human being at the centre of the care process. I felt in understanding from the teenage parents' emic perspective their views of being a healthcare service user I was recognising their centrality and rights to be heard as service users (DoHC, 2001a, 2001b, 2012).

The focus of my reflection in this chapter is to reveal my initial thought processes linked with the initial conceptualisation of this research. As the presentation of this thesis progresses I present my ongoing rationale linked with the ongoing development of this research. The subsequent section presents the thesis outline explaining respective chapters in this study and their focus.

### **1.13 Thesis Outline**

#### **1.13.1 Chapter Two: Literature Review**

This chapter presents the literature reviewed reflecting this study's focus exploring being a teenage parent service user of universal child and family healthcare services. The literature reviewed therefore presents understandings of adolescence, teenage parenthood, the Irish healthcare context and the concept of service user.

#### **1.13.2 Chapter Three: Methodological Considerations and Rationale for Study Design**

This chapter presents the methodological considerations in adapting the interpretive phenomenological hermeneutical method. This chapter reveals the original methodological focus of this study in exposing the lived experience of the

participants. It therefore presents Heidegger's interpretive philosophy which underpinned this original focus. As a framework to guide data analysis Paul Ricoeur's theory of interpretation is presented (Ricoeur, 1976). Chapter four outlined below provides the rationale in adapting critical realism principles as an incremental approach in this study.

### **1.13.3 Chapter Four: Adapting Critical Realist Principles in this Study**

This chapter presents the rationale linked with the adaptation of critical realist principles in this study. The rationale for using Layder's (1997) Theory of Social Domains is presented through the exploration of the structure agency debate. This chapter also outlines the concepts of both power and empowerment.

### **1.13.4 Chapter Five: Study Design and Implementation**

This chapter presents this study's methodological design and the practical implementation of this design. It firstly presents the decision trail linked with the practical implementation of the hermeneutical interpretive method. It also presents the use of Derek Layder's Theory of Social Domains (Layder, 1997) which formulates part of Ricoeur's analytical framework in reaching depth understanding (Ricoeur, 1976, 1991). This chapter also presents the sampling and recruitment strategy employed as well as rigour and ethical principles considered in this study.

### **1.13.5 Chapter Six: Data Analysis - Revealing the Phenomenon**

This chapter makes explicit the process undertaken in analysing and interpreting the data. It presents the use of Paul Ricoeur's theory of interpretation as an analytical framework (Ricoeur, 1976, 1986, 1991). The rationale in making explicit the key phases of this analytical process was twofold. Firstly to demonstrate the decision trail of interpretation made in revealing the subjective meaning of 'being a teenage parent service user'. Secondly, to address the final stage of analysis revealing depth understanding through the use of Layder's Theory of Social Domains (Layder, 1997).

### **1.13.6 Chapter Seven: Naïve Understanding - Being a Teenage Parent Service User**

This chapter presents the phenomenological findings from the thematic analysis of the data. These findings represents Ricoeur's (1981) interpretive phase of naïve understanding. These findings were presented in the context of Heidegger's fundamental structure of 'being-in-the-world' and revealed what 'being a teenage parent service user' of universal child and family health services meant for this study's participants.

### **1.13.7 Chapter Eight: - Depth Understanding - Being a Teenage Parent and Service User in the Social World**

This chapter presents the final stage of analysis that revealed 'depth understanding' of 'being a teenage parent service user' in the social world (Ricoeur, 1976, 1981). This understanding was revealed using Layder's (1997) Theory of Social Domains. The use of this theory represents the practical adaptation of critical realist principles in this study. This final stage of analysis exposed the subjective and objective realm of the participants' existence as teenage parent service users.

### **1.13.8 Chapter Nine: Discussion**

This chapter presents the discussion of this study's findings and their implications. In discussing the findings this chapter answers this study's research questions. The research questions are answered in the context of what has been revealed from both Heidegger's phenomenological and Layder's critical realist focus. From this perspective the discussion centres on the subjective and objective realm acknowledging the possible causative factors that influence participants lived experience of being teenage parent service users.

### **1.13.9 Chapter Ten: Conclusion**

This chapter presents the implications and recommendations linked with this study's findings. The chapter also revisits each individual chapter presenting their focus and what they reveal. Reflection is also provided with regards to this study's research



method, limitations and what has been learned from this research. Finally this chapter provides my personal reflection of the research journey.

#### **1.14 Conclusion**

This chapter has briefly outlined the focus of this study presenting the background, context, aims, objectives, research method and questions as an introduction. The strategic policy developments presented point to inclusion and collaboration with the service user in the delivery of health service. Developments recognizing the rights of children and young people to be acknowledged as competent social actors in matters affecting their lives fit with person-centred care models that acknowledge collaborative, fair and equitable service delivery. This person-centred ethos advocates hearing the voice of adolescents/teenagers as health service users.

In the context of this study's focus it is argued that the need to hear and acknowledge teenage parents as service users is an imperative in view of policy developments advocating young people's rights, voice and choice in the healthcare setting (UNCRC, 1989; Department of Children and Youth Affairs, 2004, 2006a, 2006b, HSE, 2008). The brief overview of the current child and family health services that are universally available outlined the services teenage parents as users interact with. The final aspect of this chapter outlined this thesis structure with regards to subsequent chapters included. The next chapter presents the literature review addressing understandings of adolescence, teenage parent/parenthood, the healthcare context and the concept 'service user'.

## **Chapter 2: Literature Review**

### **2.1 Introduction**

This chapter presents the literature reviewed reflecting the focus of this study exploring being a teenage parent service user of universal child and family health services. For this purpose the literature presented includes an initial focus on understanding adolescence and teenage parenthood in respect of the participants in this study who are adolescents and parents. The subsequent focus of this review reflects the healthcare context in which these participants as service users receive child and family services. The literature presented from this perspective is focused on primary care, primary health care and the concept of service user. The following outlines the search strategy employed in conducting this review of the literature.

### **2.2 Search Strategy**

The literature for this study was identified using a search strategy that encompassed a search of electronic databases, abstracts and library catalogues. The electronic databases used included Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Literature Analysis and Retrieval System Online (MEDLINE), PsycINFO, EBSCO (Psychology and Behavioural Science Collection), Web of Knowledge, Sociological Abstracts, SCOPUS and ERIC (Educational Research Information Centre).

Key words/search terms were used to identify the literature, these words/terms were combined with the Boolean operands 'and' and 'or' as required throughout the search process. The search was predominantly confined to literature extending from 1980 to 2013. However, where appropriate this search was extended beyond these parameters to include key/seminal work in a particular field.

With regards to exploring literature linked with adolescence, teenage parent and parenthood the following keywords/search terms were utilised; teenager/adolescent, teenager/adolescent and perceptions of teenagers, teenagers/adolescence and views of, teenager/adolescent and views of society/

professionals. Teenage parent, teenage parenthood, teenage parenthood and social construction; teenage parent and Ireland, teenage parenthood and Irish context, teenage parent and service use, teenage parent and service user, teenage parent and consumer, teenage parent and patient, teenage parent and health professionals, teenage parent and health services, teenage parent and service recipient.

With regards to exploring the literature linked with the participants healthcare context as service users the following key words/search terms were used; health , definition of health, health and perception, health and determinants; lay views/perception and health, health and primary care, primary care and primary health care, primary health and primary health care and philosophy.

In exploring the concept of service user the following key words/search terms were used; service user, consumer and health, patient and health, patient and health user, recipient and healthcare, recipient and healthcare delivery, Irish policy and health service user, child/children and service user and health, teenager/adolescent and service user and health.

The search was restricted to literature published in the English language only. In refining the search abstracts were reviewed and cited references of relevant materials were reviewed to 'snowball' the relevant sample and ensure that identified pertinent sources were comprehensively reviewed with regards to relevant authors work in the respective topic area.

The cross search research resource was used to initially expand the search and subsequently limit the search as the review of pertinent materials and sources was being undertaken. Where possible message alerts were requested to keep abreast of any new materials pertinent to the search/key words /search terms used. NUI, Galway thesis collections were also reviewed. In particular the database which included Index to Theses and Proquest Digital Dissertations. This search yielded a number of theses that focused particularly on teenage pregnancy and teenage parenthood. Other sources searched as part of this review included the World Health Organisation, Department of Health and Children, Health Service Executive,

Ombudsman for Children, Department of Children and Youth Affairs, Foroige and Treoir websites. These sources yielded a number of policy, reports and guidelines pertinent to the presentation of the materials put forth in this study. The following presents the literature debated as part of this review.

### **2.3 Understanding Adolescence**

Reflecting this study's focus the literature initially presented explores understandings of the teenager/adolescent. This literature is presented in recognition of the fact that the participants in this study are understood as adolescents/teenagers as well as teenage parents. In explicating this understanding the literature presented firstly addresses adolescence with regards to being a life stage period.

Ambiguity exists as to when exactly adolescence occurs within the lifespan and whether 'adolescence', 'young person' and 'youth' are overlapping entities (WHO, 1989, 2004; Arnett, 2000). The concept of adolescent would appear to be shaped by historical and cultural contexts reflecting theoretical debate linked with chronological age range (WHO, 1989,2004), life stage transitions (Neugarten et al, 1965; Hagestad and Neugarten, 1985; Elder, 1996; Elder et al, 2003; Setterston, 2004), emergence (Lerner et al., 1998, 2000, 2001; Arnett, 2000; Lerner, 2002; Jones and Bradley, 2007) and contextual influence (Conger et al, 1997; Arnett, 2000; Passer and Smith, 2001; Kaplan, 2004; Lalor et al, 2007).

#### **2.3.1 Adolescence a Life stage Period**

In portraying adolescence as a life stage period Hall's (1904) seminal work outlining adolescence as occurring within a specified timeframe or life period extending from age 14-24 years has been particularly influential. Hall's (1904) ideal of adolescence occurring within this time period would appear to have been shaped by biological changes depicting the typical age at which puberty commenced. While Hall did not provide a rationale for choosing 24 years as the end point of adolescence, it is assumed this is culturally grounded as a period when the young person left home forging their independence from their parents (Arnett, 2000). Since Hall's (1904) work key factors such as genetic, biological, socioeconomic and nutritional status have been shown to influence the onset of puberty and the time period defined as

adolescence (Lerner and Galambos, 1998; Arnett, 2000; Passer and Smith, 2001). Thus, when adolescence begins and ends is shaped not only by physiological changes depicting the onset of puberty and menarche but also by social and cultural contexts (Conger et al, 1997; Arnett, 2000; Passer and Smith, 2001; Kaplan, 2004; Lalor et al, 2007).

Influences on biological changes in the past two centuries linked with improved nutrition and infection control has witnessed a change in the onset of menarche moving from the average age of 14.5 years to 12.5 years (Arnett, 2000; Kaplan, 2004). The onset of fertility marked by menarche represents in some societies the transition to adulthood, thus in this context adolescence is viewed as a rite of passage marked by this biological change (Passer and Smith, 2001). Social and cultural influences depicting adolescence is predominantly shaped by industrialisation bringing with it educational opportunities and lengthier periods in transitioning from childhood to adulthood (Conger et al, 1997; Arnett, 2000; Passer and Smith, 2001). The understanding of adolescence shaped by these influences is dependent on whether this social context is pre or post industrialisation. Within pre industrialised societies adolescence is predominantly viewed as transitional represented as a rite of passage shaped by biological maturity moving to the status of adult (Conger et al, 1997; Passer and Smith, 2001). Conversely, within industrialised societies prolonged periods of education in reaching self sufficiency and independence has resulted in adolescence representing a protracted period of transition toward adulthood (Conger et al, 1997; Arnett, 2000; Passer and Smith, 2001). Thus understanding adolescence represents a complex process defined by a particular age range as well as acknowledging the social and cultural world in which the person exists (World Health Organisation, 1989, 2004, 2014; Conger et al, 1997; Arnett, 2000; Passer and Smith, 2001). The World Health Organisation (2014, p.2) echo this complexity of defining adolescence acknowledging that

*All societies recognise that there is a difference between being a child and becoming an adult. How this transition from childhood to adulthood is defined and recognised differs between cultures and over time. The period between childhood and adulthood is growing longer and more distinct. Puberty is starting earlier in many countries, although in general the timing of menarche has leveled off in high income countries at 12–13 years. At the same time, key social transitions to adulthood are postponed until well*

*after biological maturity. Young people spend more years in education and training, their expectations have changed, and contraception is increasingly available to prevent pregnancy. As a result, young people take on adult roles and responsibilities later, such as family formation and employment.*

With regards to understanding adolescence within a particular age range the WHO (1989) distinguished between adolescents and youth. In this report they defined adolescence as the age period between 10-19 years of age with the concept of “youth” reflected by the age period of 15-24 years of age (WHO, 1989). These two overlapping age groups they argued were combined to identify the population grouping they labelled “young people” which they classified in the age range extending from 10-24 years of age (WHO, 1989). This definition of adolescence, youth and young people contributed to some ambiguity associated with defining adolescence in terms of age range. In a later report they put forth a more concise time period linked with chronological age defining adolescents as young people aged between 10-19 years (WHO, 2004).

Expanding on the identified age range of 10-19 years the WHO (2014) acknowledged that this time span included a period of rapid development that encompassed key divisions. These divisions recognised inherent differences from a bio psychosocial developmental viewpoint between that of a 10 and 19 year old. Thus, they acknowledged key divisions within this period recognising early (10-13 years), middle (14-16 years) and late (17-19 years) adolescence.

While chronological age range offers one means of defining adolescence a further understanding is put forth by life course theory representing adolescence as ‘transitional’ (Neugarten et al, 1965; Hagestad and Neugarten, 1985; Elder, 1996; Elder et al, 2003; Setterston, 2004). This notion of transition is explored in the subsequent section.

### **2.3.2 Adolescence a Transitional Period**

Life course theory acknowledges within its framework time, place and linked lives as context highlighting ordered patterns within the lifespan shaped by cultural norms (Elder et al, 2003). From this viewpoint life span development is viewed as human

development shaped by biological, psychological and sociological context that influence meaningful transitions throughout the life course (Neugarten et al, 1965; Hagestad and Neugarten, 1985, Elder, 1996; Elder et al, 2003; Setterston, 2004). The notion of adolescence shaped by biologically timed events such as puberty is acknowledged within this framework. However, contexts within which these biological events occur are influential in shaping this transitional life stage both psychologically and sociologically (Neugarten et al, 1965; Hagestad and Neugarten, 1985; Elder et al, 2003; WHO, 2014). These contexts include consideration of cultural norms, values and beliefs that influence these transitions (Neugarten et al, 1965; Hagestad and Neugarten, 1985, Elder, 1996; Elder et al, 2003; Setterston, 2004). The United Nations Committee on the Rights of the Child, (2003) echoes the life course viewpoint depicted above viewing adolescence as a period of bio psychosocial transitions. This committee acknowledged adolescence as having core components that include an age period in the lifespan that includes a process of bio psychosocial adjustments in progressing toward adulthood. Their report acknowledged this transitional life stage as a time of increased vulnerability linked with rapid change. Thus, they describe adolescence as:

*a period characterized by rapid physical, cognitive and social changes, including sexual and reproductive maturation; the gradual building up of the capacity to assume adult behaviours and roles involving new responsibilities requiring new knowledge and skills. While adolescents are in general a healthy population group, adolescence also poses new challenges to health and development owing to their relative vulnerability and pressure from society, including peers, to adopt risky health behaviour. These challenges include developing an individual identity and dealing with one's sexuality. The dynamic transition period to adulthood is also generally a period of positive changes, prompted by the significant capacity of adolescents to learn rapidly, to experience new and diverse situations, to develop and use critical thinking, to familiarize themselves with freedom, to be creative and to socialize.*

(UNCRC, 2003, p. 2).

Supporting the definition of adolescence as a transitional period developmental discourse defines adolescence as a period that incorporates a transition from childhood to adulthood (Macleod, 1999, 2003; Lerner et al., 2001; Breheny and Stephens, 2007; Macleod and Tiffany, 2010). This literature echoes the ideal of bio psychosocial life course transitions proffered earlier (Neugarten et al, 1965;

Hagestad and Neugarten, 1985; Elder et al, 2003; WHO, 2014). It highlights rapid physical and psychological changes associated with biological hormonal influences (Lerner et al., 2001). Cognitive reasoning skills associated with both logical and moral thinking develop during this transitional phase. From this perspective adolescence is associated with a period in which the self develops in terms of identity including sexual identity (Erikson, 1968, 1996; Lerner et al., 2001; WHO, 2014).

Identity formation is of particular consequence within this transitional process reflecting a focus on exploring and exercising autonomy (Erikson, 1968, 1996; Lerner et al., 2001, 2005). Within early adolescent there is increased potential for conflict particularly in the parent child relationship as the adolescent strives for increased autonomy and independence (Erikson, 1968, 1996; Lerner et al., 2001, 2005). However, as adolescence progresses this distancing process lessens with conflict resolving in late adolescence (Erikson, 1968, 1996; Lerner et al., 1996 2001, 2005).

Relationships with peers also represent a key force with regards to identity formation during adolescence. Time spent with peers' increases during this transitional phase with the potential for peer influence and pressure impacting on decision making processes. As adolescence progresses and moves toward the later stage the sense of personal self becomes more established with an increased sense of self-esteem, value and worth reflecting a decline in peer influence (Lerner and Galambos, 1998; Steinberg, 2004, 2007; Lerner et al., 2005).

Linked closely with peer relationship are the impacts romantic relationships have on adolescent identity formation (Erikson, 1968, 1996; Zarrett and Eccles, 2006). Romantic relationships enhance adolescents' sense of self-worth and belongingness facilitating the exploration of adult roles within the context of this type of relationship (Erikson, 1968, 1996; Zarrett and Eccles, 2006). Also associated with this type of relationship include heightened awareness linked with sexual identity and by inference the potential of teenage pregnancy (Erikson, 1968, 1996; Lerner et al., 2001, 2005; Zarrett and Eccles, 2006).



Reflecting on these rapid transitions adolescence can be thus characterised as a period that incorporates a move from dependence to independence (Lerner and Galambos, 1998; Steinberg, 2004, 2007; Lerner et al., 2005). In moving from a dependent state adolescence reflects a period in which personal autonomy is desired and independent decision making is acquired (Erikson, 1968, 1996; Zarrett and Eccles, 2006). However, in moving toward an independent state adolescence is also recognised as a problematic period associated with cognitive immaturity and the potential for risk taking behaviours (Lerner and Galambos, 1998; Steinberg, 2004, 2007; Lerner et al., 2005).

### **2.3.3 Adolescence: a Problematic Transitional Period**

Adolescence as a problematic transitional period is inherently interwoven with the transitional processes linked with self identity and relationship development outlined in the previous section (Lerner and Galambos, 1998; Erikson, 1968,1996; Lerner et al., 2001, 2005; Steinberg, 2004, 2007; Zarrett and Eccles, 2006). Hall's (1904) original depiction of adolescence as a period of both 'storm and stress' while contested has served as influential in the understandings of adolescence as a problematic period (Lerner and Galambos, 1998; Lerner et al., 2000, 2001, 2002, 2005). This storm and stress period is affected by bio psychosocial changes that include an increase in the potential to adapt risk taking behaviours, develop conflict relationships with significant others/parents and challenge societal norms and values (Hall, 1904; Lerner and Galambos, 1998; Lerner et al., 2005; Steinberg, 2004, 2007; WHO, 2004, 2006, 2008b 2014). This notion of risk taking is linked with cognitive immaturity and poor decision making skills, lack of perceived morality in the context of perceived societal behavioural norms, and peer influence in undertaking risky behaviours (Lerner and Galambos, 1998; Steinberg, 2004, 2007; Lerner et al., 2005).

Lerner and Galambos (1998) highlight the potentiality for risk associated with this transitional period especially when multiple bio psychosocial changes occur concurrently. Lerner et al. (2001) points to the potential risk of making poor decisions with regards to adapting risky lifestyle behaviours during this period such as drug use, drinking, smoking etcetera. He depicts this period of rapid change and

transition as being associated with poor decision making skills that can have either positive or negative outcomes. Lerner and Galambos (1998) in their review of the challenges and opportunities associated with this transitional process acknowledge this period as being influenced by the context of the adolescents' life. They argue that social context and its influence are what constitute the potential negative or indeed positive outcomes in adolescent development. They thus acknowledge the key influence of parents with regards to encouraging interventions that support engagement "... *in age-appropriate autonomy while maintaining strong ties to their family*" (Lerner and Galambos, 1998 p.416).

In later work, Lerner contested the negative representation of adolescence acknowledging the concept of positive youth development characterizing this period as predominantly resulting in positive transitions (Lerner et al., 2005). In advocating the notion of positive youth development he challenged the

*long held beliefs of the inevitable so called storm and stress of adolescence and the predictable engagement by youth in risky or destructive behaviours.*

Lerner et al. (2005, p.10).

His concept of positive youth development focused on potentiality acknowledging adolescent strengths through the promotion of competence, confidence, character, connection and caring. Steinberg (2004) also initially emphasised that risk taking is more common in adolescence demonstrating more road traffic accidents, binge drinking and crime linked with this transitional period. From a neuroscience perspective Steinberg's (2007, p.55) research highlighted a potential causative factor contributing toward the adaptation of risk taking behaviours reflecting

*the temporal gap between puberty, which impels adolescents toward thrill seeking, and the slow maturation of the cognitive-control system, which regulates these impulses, makes adolescence a time of heightened vulnerability for risky behaviour.*

However, his work also contested the stereotypical view of the adolescent

*as irrational individuals who believe they are invulnerable and who are unaware, inattentive to or unconcerned about the potential harms of risky behaviour.*

(Steinberg, 2007, p.55).

Rather Steinberg argued that adolescents have the capacity to make decisions

comparable with adults, with the context influencing adolescent decision making processes that is, peer influence, policy with regards to pricing of cigarettes, drink etcetera. Steinberg (2007) therefore put forth the need to change the context in which risk taking behaviours occur as opposed to changing the way adolescents think.

The literature thus far has presented understandings of the adolescent/teenager reflecting the ideals of adolescence being understood with regards to a recognised time span and life course transition (Neugarten et al, 1965; Hagestad and Neugarten, 1985; Elder et al, 1996, 2003; Setterston, 2004; WHO, 1989 2004, 2014). It reveals this transitional period as a time when risk taking is a possibility but is clearly shaped by a supportive context that promotes positive transitional processes (Lerner et al. 2005; Steinberg, 2007). From these viewpoints adolescence represents a period of emergence in journeying toward independent adulthood (Arnett, 2000).

#### **2.3.4 Adolescence a Period of Emergence**

A further consideration in understanding late adolescence is the ideal of emergence (Arnett, 1998, 2000). Arnett (2000) argued for the recognition of a developmental period which he coined 'emergent adulthood'. This emergent developmental phase encompassed an age range extending from age 18-25 years (Arnett, 2000). This phase was linked to the recognised protracted period associated with transitioning to adulthood within post industrialised societies (Conger et al, 1997; Arnett, 2000; Passer and Smith, 2001). Arnett (2000) proffered key characteristics of the emerging adult which encompassed identity exploration, instability, self focus, feeling in between childhood and adulthood and experiencing possibilities. From this viewpoint Arnett (2000) gives recognition to the emerging adult as an explorer of their future possibilities and decider of their future goals/ ambitions.

The rationale in presenting the ideal of the emergent adult in the context of this study reflects firstly that the average age of participants in this study is 18 years. Secondly I suggest that teenage parents enacting the adult role of parent are in essence emergent adults now making autonomous decisions and accepting the consequences of these decisions and actions. Similar to the emergent adult the teenage parent

proactively choose their life course options that incorporates securing social resources and future positions (Arnett, 1998, 2000). I therefore suggest becoming a teenage parent expedites the transitional process of moving from adolescent to emergent adult. In hastening this developmental phase I suggest teenage parents are propelled into the role of emergent adult. This change in existence places responsibility on the teenage parent in negotiating their own personal future possibilities and that of their child/children.

### **2.3.5 Teenage Parenthood - An Expedited Period of Transition and Emergence**

As debated in the aforementioned literature adolescence can be understood as a transitional life stage that encompasses moving from childhood to adulthood reflecting bio psychosocial changes (Neugarten et al, 1965; Erikson, 1968, 1996; Hagestad and Neugarten, 1985; Macleod, 1999, 2003; Lerner et al., 2001; Breheny and Stephens, 2007; Macleod and Tiffany, 2010; WHO, 2014). Arnett's (2000) theory of emerging adulthood highlights key life course transitions linked with career development, decisions re marriage and having children. I suggest for the teenage parent the transitional process of having children propels them into the emergent adult stage of adapting to the adult role of parent.

The transition to parenthood represents a profound life change in adapting to the parental role especially for first time parents (Hudson et al, 2001; Condon et al, 2004; Deave et al, 2008). This transition includes adaptations linked with cognitive, motor and social skills (Hudson et al, 2001). The development of self-efficacy including an innate sense of mastery linked with effective parenting would appear to be a key aspect of making a positive transition to parenthood (Bandura, 1982; Mercer, 1986; Hudson et al, 2001; Condon et al, 2004; Deave et al, 2008). Self-efficacy involves for the first time parent the need to feel competent in their parental role (Hudson et al, 2001). For parents that develop a sense of competent parenting skills their sense of personal satisfaction, gratification and pleasure is enhanced as part of this transitional process (Mercer, 1986). However, in order for a sense of self-efficacy to occur first time parents rely on experience, reassurance and encouragement from others to enhance their personal sense of mastery linked with their parenting role (Bandura, 1982; Mercer, 1986; Hudson et al, 2001; Condon et

al, 2004; Deave et al, 2008). Thus, a supportive context becomes an imperative in assisting first time parents during this transition (Bandura, 1982; Mercer, 1986; Hudson et al, 2001; Condon et al, 2004; Deave et al, 2008).

For the teenage parent this transitional process involves a rapid change that incorporates emotional, relational and cognitive tasks moving from the egocentrism of adolescence to the mature reflective stance of adult parent (Neugarten et al, 1965; Hagestad and Neugarten, 1985; Elder et al, 2003; Setterston, 2004). This transition reflects a critical life change that overlaps with their development stage of adolescence (Erikson, 1968, 1996; Wahn and Alberg, 2005; Wilson and Huntington, 2006; Breheny and Stephens, 2007). This overlap reflects a suite of inherent challenges for this parent linked with developmental issues such as identity, independence, cognitive and sexual development (Erikson, 1968, 1996; Lerner et al., 2005, 2001; Weinberger et al, 2005; Daley et al, 2013).

As debated earlier adolescent development linked with emergent identity formation reflects a focus on exploration and developing autonomy (Erikson, 1968, 1996; Lerner et al., 2001, 2005). This focus incorporates the development of the sense of self through experimentation including increased time spent in developing relationships with peers and lessened interaction with parents (Erikson, 1968, 1996; Lerner and Galambos, 1998; Steinberg, 2004, 2007; Lerner et al., 2005; Stets and Burke, 2012). For the adolescent parent the opportunity to freely develop their sense of personal self linked with opportunity for experimentation is compromised by the associated roles and responsibility of becoming a parent (Weinberger et al, 2005; Daley et al, 2013). In particular the strive toward autonomy reflecting a move away from parental control and spending more time with peers is compromised linked with parental responsibility and a reliance on familial support (Erikson, 1968, 1996 Wahn and Alberg, 2005; Wilson and Huntington, 2006; Breheny and Stephens, 2007). This increased responsibility reflects an innate constraint on the adolescent parents' opportunity to strive toward independence as they now rely on the supports of others particularly in the family context with regards to child rearing, economic support and accommodation (Moore and Brooks-Gunn, 2002; Steinberg, 2004, 2007; Lerner et al., 2005; Whiteley and Brown, 2010; Daley et al, 2013). Thus, at a developmental stage when adolescents desire to spend more time with peers their context is such

that dependence on familial support becomes a prerogative for them as parents (Daley et al, 2013).

The egocentric nature of adolescence linked with psychological cognitive development is also challenged for the adolescent parent (Erikson, 1968, 1996; Steinberg, 2004, 2007; Lerner et al., 2005). This demands of the adolescent parent the need to see others needs beyond that of their own. The development of this particular cognitive capacity incorporates a key aspect of being a parent acknowledging the needs of the child as well as their own needs (Weinberger et al, 2005). It demands of the adolescent parent the capacities to see beyond their own self and to plan for the future of both themselves and their child (Erikson, 1968, 1996; Wahn and Alberg, 2005; Weinberger et al, 2005; Wilson and Huntington, 2006; Breheny and Stephens, 2007).

Cognitive capacity linked with moving from concrete to abstract thinking can create particular challenges for the younger adolescent linked with future planning and understanding the unique needs of their child (Erikson, 1968, 1996; Wahn and Alberg, 2005; Weinberger et al, 2005; Wilson and Huntington, 2006; Breheny and Stephens, 2007). In the younger adolescent the ability to separate the unique needs of their child from that of their own can result in difficulty anticipating child behaviours and consequences of behaviour. This anticipatory skill reflects not only anticipatory capacity linked with considering their child's behaviour but also their inherent psychological maturity to anticipate the consequences of their own behaviour (Erikson, 1968, 1996; Weinberger et al, 2005). This developmental phase linked with cognitive capacity can therefore prove challenging for the adolescent parent in formulating a relationship with their child and in anticipating their needs (Weinberger et al, 2005).

Interwoven with cognitive development is the need to consider physical development for the adolescent parent. As already debated the development of identity also includes the development of sexual identity (Erikson, 1968, 1996; Lerner et al., 2001, 2005; Zarrett and Eccles, 2006). Especially for the adolescent mother the transition to parenthood includes changes in body image linked with pregnancy and the postnatal period (Tarkka et al, 2000; Seibold, 2004). As part of adolescent

development physical appearance and attractiveness linked with sexual identity becomes a key focus in middle to late adolescence (Erikson, 1968, 1996; Zarrett and Eccles, 2006). This heightened awareness of self-image includes an increased focus on personal grooming, exercise, make up and clothing to enhance their sense of physical attractiveness (Erikson, 1968, 1996; Zarrett and Eccles, 2006). For the pregnant adolescent feeling clumsy, fat and unattractive conflicts with this developmental focus impacting on their opportunity to develop a positive self-image (Tarkka et al, 2000; Seibold, 2004). Similarly, during the postnatal period with increased parental responsibility there is less opportunity for the teenage parent to focus on their personal physical appearance (Tarkka et al, 2000; Seibold, 2004). From this vantage point the transition to parenthood for the teenage parent has the potential to negatively impact on their sense of physical wellbeing, self-image and self-esteem (Erikson, 1968, 1996; Zarrett and Eccles, 2006).

A further consideration linked with physical changes in pregnancy is concealment (Finnegan et al, 1982; Treacy and Byrne. 2003; Wessel et al, 2003; Thynne et al, 2012). Concealment is not specific to adolescent pregnancy (Thynne et al, 2012) but the potential effect is universal in compromising the wellbeing of the mother and the infant (Wessel et al, 2003; Treacy and Byrne. 2003). For the adolescent concealment may possibly be linked to immaturity and inexperience representing a lack of awareness with regards to being pregnant (Finnegan et al, 1982; Wessel et al, 2003; Treacy and Byrne. 2003).

Within the Irish context concealment may also be linked with denial revealing a lack of acceptance of being pregnant (Finnegan et al, 1982; Thynne, 2012). This denial may also be closely interlinked with aspects of Irish society that remain unsupportive toward teenage pregnancy, impacting on the adolescents' sense of social exclusion (Thynne, 2012). For some adolescence this unsupportive Irish context echoes the international picture that serves to create a sense of social stigma and shame resulting in the decision to conceal pregnancy (Coley and Chase-Lansdale, 1998; Geronimus, 2003; Duncan, 2007). Thus, it is suggested concealment reveals an inherent challenge for the teenage parent in transitioning toward personal acceptance of pregnancy and coping with possible unsupportive social contexts (Finnegan et al,

1982; Coley and Chase-Lansdale, 1998; Geronimus, 2003; Duncan, 2007; Thynne, 2012).

Transitional challenges represent a key aspect of teenage parenthood linked with overlap between adolescent development and transitions to parenthood (Erikson, 1968, 1996; Wahn and Alberg, 2005; Wilson and Huntington, 2006; Breheny and Stephens, 2007). It is suggested that becoming a teenage parent propels the adolescent into enacting a similar role to that of the emergent adult in making life choices that secure social resources and future positions for both their child and themselves (Arnett, 2000). How this transition is enacted is dependent on the context within which the young parent exists (Finnegan et al, 1982; Chase-Lansdale and Brooks-Gunn, 1995; Coley and Chase-Lansdale, 1998; Geronimus, 2003; Duncan, 2007; Thynne, 2012). Context is therefore a key factor influencing adolescents' transition to parenthood and is shaped by discourse depicting understandings of the teenage parent and parenthood (Hongling et al., 2001; Elfenbein and Felice, 2003; Sarri and Phillips, 2004; Wahn et al., 2005; Tyler, 2008; Barnes and Power, 2012).

## **2.4 Understandings of the Teenage Parent and Parenthood**

Several viewpoints exist within the literature with regards to teenage parenthood. Predominantly the focus of these understandings appears to be grounded in inherent debates associated with questioning who the teenage parent is, why teenage parenthood occurs, explorations of how teenage parenthood can be prevented, how society views teenage parents and parenthood and related outcomes and finally how teenage parents can be supported and helped (Jaffe et al, 2001; Hongling et al., 2001; Swann et al, 2003; Elfenbein and Felice, 2003; Sarri and Phillips, 2004; Wahn et al., 2005; Tyler, 2008; Barnes and Power, 2012). To begin this explication a brief overview of who becomes a teenage parent is presented.

### **2.4.1 Understandings of Who Becomes a Teenage Parent**

The literature presents a bleak picture for both mothers and fathers who become teenage parents revealing a prevailing set of negative antecedents that potentially contribute to being a teenage parent (Jaffe et al, 2001; Hongling et al., 2001; Weinman et al., 2002; Moffitt, 2002; Elfenbein and Felice, 2003; Swann et al,



2003; Sarri and Phillips, 2004; Wahn et al., 2005). Weinman et al.'s (2002) review of the literature in the United States of the teenage father revealed that males with a childhood history of disadvantage and poverty being reared by a teenage or single parent were more likely to initiate risk taking behaviours. These behaviours include drug use, delinquency and early sexual activity predisposing them to the likelihood of becoming a teenage father.

Similarly, Jaffe et al.'s (2001) longitudinal study of males (n = 980) between the age range of 14 to 26 years examined the risk factors associated with becoming a 'young father'. They revealed key predisposing risk factors associated with becoming a young father. These factors included being the offspring of a teenage parent or lone parent, early sexual activity, lack of interest in educational pursuits at school and an overall history of delinquency or conduct disorder.

Hongling et al.'s (2001) prospective longitudinal study that extended from early adolescence to early adulthood examined the antecedents and pathways of teenage parenthood in both males (n = 227) and females (n = 248). Their findings reveal gender characteristics depicting the predictive factors contributing to the potentiality of becoming a teenage parent. For females the teenage mother was depicted as having physically aggressive tendencies, cognitive shortcomings, lower educational achievement, poor reading and planning skills and lower IQ. A similar set of predictive factors were revealed for the potential teenage father revealing aggressive behaviours, low academic achievement and also parental antisocial behaviours. Hongling et al.'s (2001) antecedents are echoed throughout the literature with regards to teenagers who became parents. Becoming a teenage parent within the literature appears to be predominantly associated with lower socioeconomic status, limited level of educational attainment, behavioural problems, poverty, and unemployment (Moffitt, 2002; Swann et al, 2003; Elfenbein and Felice, 2003; Sarri and Phillips, 2004; Wahn et al., 2005). This literature also revealed associated risk factors with teenage parenthood linked with health outcomes for both teenage parents and their children.

Elfenbein and Felice (2003, p. 787) in their review of the characteristics of teenage mothers and fathers who become teenage parents in the United States reveal a

similar picture. For young women and men who become teenage parents they exposed contributory factors that included

*Lower socioeconomic status and lower maternal education... girls whose mothers gave birth during adolescence and girls who have early initiation of sexual activity are more likely to become pregnant as teenagers". While teenage fathers characteristics revealed that "...these men have lower educational achievement, lower income, and a higher rate of involvement with illegal activities than their peers.*

(Elfenbein and Felice, 2003, p. 787).

Moffitt (2002) in their United Kingdom longitudinal twin study comparing outcomes between both young and older mothers (n = 1116) highlighted that young mothers encountered more economic deprivation, had less human and social capital than their older counterparts and were more predisposed to mental health issues. Their partners were displayed as being less reliable and supportive from both an economic and emotional perspective. Their children demonstrated reduced educational attainment and increased emotional and behavioural problems. This study also reported increased risk of maltreatment and higher incidences of childhood illness, accidents and injuries.

Swann et al et al. (2003) in their evidence briefing conducted on behalf of the National Health Services' Health Development Agency presented a review of reviews with regards to the prevention of teenage pregnancy. This review also focused on the effectiveness of interventions to improve outcomes for teenage parents. In this briefing they presented the characteristics of the teenager who becomes a parent, these being;

- Young people in or leaving care
- Homeless young people
- School excludees, truants and young people underperforming at school
- Children of teenage mothers
- Members of some ethnic minority groups ,for example, Caribbean, Pakistani and Bangladeshi women are more likely than white women to have been teenage mothers
- Young people involved in crime

They also revealed linkage between social class status and teenage parenthood. The teenage mother was represented as coming predominantly from a lower

socioeconomic class

*girls and young women from social class V are at approximately ten times the risk of becoming teenage mothers as girls and young women from social class I.*

A similar picture was also presented with regards to the teenage father whom they described as being

*more likely to come from lower socioeconomic groups, from families that have experienced financial difficulties, and are more likely than average to have left school at the minimum age.*

(Swann et al et al., 2003 p.1).

As debated in the aforementioned literature the antecedents of who becomes a teenage parent reveal disadvantage linked with socio economic status, family background, limited educational level and delinquency (Jaffe et al, 2001; Hongling et al., 2001; Weinman et al., 2002; Moffitt, 2002; Swann et al, 2003; Elfenbein and Felice, 2003; Sarri and Phillips, 2004; Wahn et al., 2005). However, another consideration linked with teenage parenthood is their acceptance as parents within society. This acceptance within some social contexts appears to be shaped by discourse linked with fertility timings associated with chronological age and also capacity/ capability to be parents (Neugarten et al, 1965; Hagestad and Neugarten, 1985; Elder, 1996; Elder et al, 2003; Setterston, 2004).

#### **2.4.2 Teenage Parenthood-Too Young, Immature and a Social Cost**

The problematisation of teenage parenthood linked with age is grounded in a milieu of social context shaped by political discourse, financial implications of early childbearing, fertility timing norms and psychological maturity (Maynard, 1997; Graham and McDermott, 2005; Daguerre and Nativel, 2006; Wilson and Huntington 2006; Koffman, 2012). The ideal of age norms identified within life course theory reveal cultural norms linked with culturally timed life events (Neugarten et al, 1965; Setterston, 2004). Neugarten et al (1965, p. 711) highlighted that culturally defined age expectations are

*...embedded in the cultural fabric of adult life. There exists what might be called a prescriptive timetable for major life events.*

These age expectations represent culturally shared norms associated with timed life events (Neugarten et al, 1965; Setterston, 2004). Thus, dependent on the cultural context teenage parenthood may contest or fit with the shared cultural expectations of when one becomes a parent (Neugarten et al, 1965; Setterston, 2004). However, where becoming a teenage parenthood violates the cultural norm linked with age expectation the individual risks social sanction in challenging perceived normal life trajectories and behaviours (Neugarten et al, 1965; Elder, 1996; Elder et al, 2003; Setterston, 2004; Graham and McDermott, 2005).

Within developed post industrialised societies the discourse associated with the 'right age' to become a parent is grounded in developmental discourse associated with adolescence (Neugarten et al, 1965; Hagestad and Neugarten, 1985, Elder, 1996; Elder et al, 2003; Setterston, 2004) This discourse (see section 2.3.2 of this chapter) now encompassing an elongated time span transitioning from childhood to adulthood (Arnett, 2000) has shaped age expectations linked with becoming a parent (Neugarten et al, 1965; Elder et al, 2003; Setterston, 2004). Thus, inherent debates linked with the acceptable 'right' age for parenthood in developed societies would appear to be permissible when the individual has secured educational achievement and financial independence as well as personal maturity (Maynard, 1997; Graham and McDermott, 2005; Wilson and Huntington, 2006; Duncan, 2007; Koffman, 2012).

Social sanctions placed on the individual who becomes a teenage parent outside of perceived age appropriate norms reveal processes of stigmatisation, social exclusion and the problematization of teenage parenthood (Graham and McDermott, 2005; Wilson and Huntington 2006; Duncan, 2007; Koffman, 2012). Koffman (2012) debating governmental concern with regards to 'children having children' highlights the contribution developmental discourse has made toward the problematisation of teenage parenthood. Koffman (2012) challenges the ideal of psychological immaturity linked with teenage parenthood proffering that governmental concern with economic implications of early parenthood fuels this discourse. Koffman's viewpoint would appear to be validated in the discourse that advocates the need for educational attainment, financial security and personal maturity before embarking on becoming a parent (Maynard, 1997). Maynard's (1997) *Kids Having Kids* study

focused on assessing the consequences of delaying conception until age 20 to 21. A key influence in the development of this US study was governmental policy that viewed the early school leaving, socially deprived, psychologically immature and ill equipped teenage parent as a cause for social and economic concern. Arguably from this perspective teenage parenthood did not conform with governmental policy that proffered self sufficiency, financial stability and contribution toward the state economy (Koffman, 2012). Thus, Koffman (2012) argued that it is not necessarily the maturity or indeed age of the individual teenage parent but rather their character as a responsible citizen.

In earlier research Coley and Chase-Lansdale (1998), identified key risk factors and processes associated with teenage parenthood. Their study reviewed basic and applied research on teenage childbearing across a variety of disciplines including economics, sociology, program and policy evaluation. Their review highlighted that the common approach utilised at the time to understand teenage pregnancy and childbearing relied on economic models. These approaches thus placed emphasis on financial explanations for why teenagers become pregnant and give birth.

This viewpoint is echoed in earlier literature with both Wilson and Huntington (2006) and Duncan (2007) challenging the construction of teenage parenthood as problematic. Both of these studies conclude that this problematic is associated more with the affect age has on social outcomes linked with failure to achieve adequate educational levels. These concerns with educational levels appear to be grounded in concerns linked with achieving future financial security and limiting the potential for long term welfare dependence.

Similarly, Geronimus (2003, p. 885) contests the notion of early childbearing as untimely arguing that “*fertility timing norms*” can be linked to societal norms and values. In clarifying this viewpoint Geronimus points to the comparison in childbearing practices between European American and African American populations. Geronimus (2003, p. 885) thus argued that “*fertility timing norms*” may be a reflection of “*adaptive cultural population practices*”. Explicating the example of communities who are socially and economically disadvantaged with

*high poverty, urban areas, where income is low and precarious*

*and healthy life expectancy is uncertain” she argued that “vitality of the community may be enhanced by early childbearing norms.*

(Geronimus, 2003, p.885).

This viewpoint when compared to more affluent population where emphasis is placed on educational pursuit and financial security with delay of parenthood until these goals are achieved represents two dichotomous worldviews. It reveals accepted understandings of when childbearing occurs being aligned to each group’s societal norms and values.

Thus far, the problematisation of teenage parenthood reflects discourse associated with social norms and values shaped by political discourse of social cost and immaturity linked with capacity to parent (Maynard, 1997; Geronimus, 2003; Koffman, 2012). These viewpoints arguably contribute to the subjugation of the teenage parent in society placing them in the status of stigmatised, demonised and vilified other (Garrett, 2000; Wilson and Huntington, 2006; Tyler, 2008; Ryan, 2010; Power, 2011; Jones, 2011; Luddy, 2011; Russell, 2012).

#### **2.4.3 Teenage Parenthood- Stigmatised, Demonised and Vilified**

Wilson and Huntington (2006) highlight that perceptions of teenage parenthood which used to be normative a few decades ago have now shifted to reveal the marginalised and stigmatised parent. This change in social status they argued reflects the vilification of the teenage parent because they counter the current ‘ideal’ of delaying childbirth in favour of securing a career. Their review of contemporary discourse with regards to teenage motherhood in the United States, United Kingdom and New Zealand reveal understandings represented in the media, politics and society with regards to the teenage mother. Within their review they argue that

*...teenage mothers are vilified...because these young women resist the typical life trajectory of their middle class peers who conforms to the current governmental objectives of economic growth through higher education and increased female workforce participation.*

(Wilson and Huntington, 2006, p.59).

As depicted earlier (see chapter 1.8) the ‘class disgust’ discourse in the Irish context reveals impressions of the teenage parent in comparison to middle class cultural

practices and norms (Power, 2011). This viewpoint is echoed in the United Kingdom context particularly with the evolution of the term 'chav' (Tyler, 2008; Jones, 2011; Barnes and Power, 2011; Russell, 2012).

Jones (2011) depiction of the demonization of the working class in Britain highlights within political and media discourse the sense of class disdain and hatred focused on the working class. Jones (2011, p 7) quoting Simon Heffer a right wing journalist, depicts this class division between the

*nice middle class people on one side” and “an unredeemable detritus on the other. The underclass who represent that section of the working class that have no ambition, it has no aspiration.*

Subsumed within this class hatred discourse is the teenage parent who politically is depicted as contributing to the societal picture of a broken Britain, with dysfunctional families

*having children growing up where anything goes... where the sense of right or wrong was collapsing in some parts of societies.*

(Jones, 2011, p.78).

These societies represented impoverished Britain where if under 18 years of age you were

*54% more likely to fall pregnant.... compared to 19% in the least deprived areas.*

(Jones, 2011, p.79).

Echoing the notion of containment proffered within the Irish context, housing the irredeemable unmarried mother in disciplinarian institutions (Garrett, 2000 Ryan, 2010; Luddy, 2011), British political dialogue advocated a similar ideal (Jones, 2011). Jones (2011, p.80) quoting Tim Loughton, the Tory shadow children's minister highlights the ideal of treating the teenage parent as a criminal offender. To this purpose Minister Loughton hinted at prosecution as a form of punishment for becoming a teenage parent.

*We must send a message that actually it is not a very good idea to become a single mum at 14...it is against the law to get pregnant at 14. How many kids get prosecuted for having underage sex? Virtually none. What are the consequences of breaking the law and having irresponsible underage sex? There aren't any..... We need to get tougher.*

Thus, the teenage parent contributing toward a broken British society epitomises the archetypical ‘chav’ who is part of the British underclass (Tyler, 2008; Jones, 2011).

Imogen Tyler’s (2008, p. 18) work reveals the chav representation of the teenage mother as that of

*an intensely affective figure that embodies historically familiar and contemporary anxieties about female sexuality, reproduction, fertility, and racial mixing.*

The representation of the ‘chav’ as the single mother, on welfare as the nemesis to the middle class affluent woman is depicted as an “*immoral, filthy, vulgar, tasteless, working class whore*” (Tyler, 2008, p 26). This depiction includes the image of this mother as the “*dole scrounger, pram faced*” individual (Tyler, 2008, p. 27) who embodies the ideal of the lazy, idle, working class (Tyler, 2008; Jones, 2011; Barnes and Power, 2012; Russell, 2012).

Arai (2009) in her media analysis of teenage pregnancy in the United Kingdom echoes Tyler (2008) highlighting the impact negative coverage has on this population group. Arai (2009) argued that negative coverage contributes to the reinforcement of negative societal attitudes toward the teenage parent with a risk of affecting the overall wellbeing of the parent and their family. These representations are reiterated in the literature that reveals the stigmatisation of the teenage parent in particular the teenage mother who intentionally becomes pregnant in order to get welfare benefits or housing (Lessa, 2005; Carabine, 2007). Thus, understandings of the teenage parent revealed as an economic burden, social pariah and social problem contribute to the notion of the teenage parent as a ‘lesser citizen’ (Arai, 2009; Barnes and Power, 2012).

The depiction of the young single mother as a ‘lesser citizen’ denigrates the view of the teenage parent who predominantly fits the description of the single lone young parent. From a political stance the portrayal of this parent within the context of class disgust discourse is framed as ‘problematic’ being welfare dependent with no means of being self sufficient (Power, 2011). In comparison, within the Irish context portrayal of ‘unemployment’ and use of ‘welfare support’ as a ‘lifestyle choice’ further perpetuates the potential to view the teenage parent in receipt of



welfare as a 'scavenger of the state' and indeed a 'burden on society' (Taylor, 2011 in Barnes and Power, 2012).

Media representations bring to the forefront the stigmatisation of in particular the teenage mother who chooses to become a parent. This particular representation is debated in the context of increased choice with regards to contraception and abortion (Wellings, 2001; Hadfield et al., 2007). Wellings' (2001) report as part of a cross-national study exploring teenage sexual and reproductive behaviour in developed countries debates media coverage of the teenage parent reflected as a type of 'social pariah' who intentionally choose to become pregnant in order to acquire financial and housing support.

*There is widespread disapproval of financial support for young mothers in the media, particularly in terms of provision of social housing, but the cause for concern is the extent to which this is likely to encourage teenage childbearing rather than any intrinsic objection.*

(Wellings, p. 12).

Similarly, Hadfield et al.'s, (2007) review of media debates with regards to fertility, choice and motherhood highlight the scrutiny and criticism of both older and indeed younger women who do not fit societal notions of 'normalcy' with regards to when one becomes a parent. This scrutiny and criticism they argue is heightened with regards to the option to choose parenthood in the light of other options available to women such as contraception and abortion.

Macvarish (2010, p. 319) focusing on the teenage mother succinctly sums up the view of teenage parenthood as a social problem. She argued that anxiety about the stability of social order and moral decline has served to shape

*the construction of the teenage mother as lacking in rational and moral agency; and the construction of her and her child as a social threat.*

The association of the teenage parent with working class evidenced in culture and the media, amplifies the

*stigmatisation of teenage mothers as the wrong kind of mothers, producing the wrong kind of children.*

(Macvarish, 2010, p. 319).

The understandings of the teenage parent with regards to socioeconomic status, educational capacity and moral integrity with limited parenting capability and future ability has been challenged in the aforementioned debate (SmithBattle, 2000, 2007, 2009; Geronimus, 2003; Wilson and Huntington, 2006; Duncan, 2007; Tyler, 2008; Breheny and Stephens, 2010; Barnes and Power, 2012). This challenge reflects part of an academic critique reflecting a revisionist viewpoint that deconstructs teenage parenthood questioning the values underpinning this young parent's problematisation (SmithBattle, 2000, 2007, 2009; Geronimus, 2003; Seamark and Lings, 2004; Graham and McDermott, 2005; Duncan, 2007).

#### **2.4.4 The Teenage Parent- A Revisionist Viewpoint**

Arai (2011) points out that the revisionists' viewpoint of teenage pregnancy and parenthood is that it is not a problem. This viewpoint offers an alternative to the problematisation of teenage parenthood. This alternative challenges the moral panic associated with teenage parenthood reflecting fears of moral decay associated with adolescent sexuality, family structure and growth of the underclass (Arai, 2009). The revisionist viewpoint argues it is not age that contributes toward teenage parenthood as a problem but rather the social context impacting on opportunity (SmithBattle, 2000, 2007, 2009; Geronimus, 2003; Duncan, 2007; Arai, 2009, 2011).

Graham and McDermott (2005, p. 22) in their systematic review of the qualitative research conducted on teenage mothers lives reveal

*how teenage motherhood, identified in quantitative reviews and in policy interventions as a route to social exclusion, emerges in these studies as an act of social inclusion. It highlights, too, how social disapproval as well as material hardship weigh on teenage mothers, and the potential role that policies could play in supporting the identities and resilient practices mothers develop in the face of material and social disadvantage..*

(Graham and McDermott, 2005 p. 22).

Within their review they present the developmental discourse linked with adolescence as a transitional period in the context of teenage parenthood. They reveal a dichotomy between adolescent transitions described as being in either the fast or slow lane toward adulthood. From this viewpoint they present those on the

slow lane as being:

*...disproportionately born to parents in higher socioeconomic groups. They stay in education long enough to acquire the credentials needed for entry into full-time work, defer cohabitation/marriage until training is complete and a career established, and postpone parenthood until after cohabitation/marriage.*

Conversely, the fast lane:

*... is populated by young people from poorer backgrounds, and without the cultural capital secured through an advantaged social background and high educational qualifications. It is a lane which provides little sense of the linear and ordered progression ...the school-to-work transition has been fractured, with young people facing unpredictable and insecure futures, as they are forced to move from periods of training, to low-paid work, to unemployment, to further training.*

(Graham and McDermott, 2005 p. 25).

Graham and McDermott (2005) reveal that whilst the struggle with the adversity of low economic status is evident for the teenage parent so too is striving toward the need to be valued and supported by broader society and achieve economic stability in paid employment. This representation they suggest negates the understandings prevailing in the quantitative research of the teenage parent arguing that

*...positive and socially inclusive identities were being forged along the 'fast lane to social exclusion': despite material disadvantage and social censure, teenage motherhood opened doors into valued roles and supportive relationships.*

(Graham and McDermott, 2005 p. 35).

They reveal the resilient practices these parents develop to effectively care for themselves and their children in the face of adversity linked with financial and social deprivation. Despite these challenges this systematic review reveals the determination and resilience of teenage parents to parent their children to the best of their ability. They reveal these parents' focus on their future directionality toward improving their personal circumstances in order to be able to financially and physically provide for their children.

Seamark and Lings (2004) echoed Graham and McDermott's assertions highlighting in their interpretive phenomenological qualitative study the positivity associated with teenage motherhood revealing in their findings that

*..motherhood had been the impetus to change direction and consider a career, because they had someone else for whom they were responsible.*

(Seamark and Ling, 2004 p.813).

A key recommendation from their study is the need for support not only from family but from professionals and broader society in order to facilitate and assist teenage parents to achieve their future goals and ambitions.

Duncan (2007) echoes the revisionist viewpoints proffered thus far. Duncan (2007) contests the views of teenage parents as a social pariah whose limited knowledge causes pregnancy and whose untimely pregnancy perpetuates negative outcomes for themselves and their child. He put forward the argument that contrary to this presentation of the teenage parent

*... teenage parenting may be more of an opportunity than a catastrophe....with parenting providing an impetus to take up education, training and employment.*

(Duncan, 2007, p 307).

This is echoed in the literature that demonstrates the positive influence the experience of becoming a parent has on the adolescent/teenager revealing an enhanced sense of self-esteem (Cooke and Owen, 2007), with an enhanced sense of positive identity associated with being a parent (Higginbottom et al.,2005, 2006; Ross et al., 2012).

Geronimus (2003, p 883) (see chapter 2.4.2) contests some of the “*conventional wisdoms*” known about teenage parents. She highlighted that methodologically “*simple comparisons made between teen and older mothers in early studies*” when compared with later studies who match comparably in other respects reveal a different picture than that of the now “*entrenched wisdom*” about teenage parents and parenthood.

Similarly, SmithBattle (2000, p.31) in challenging the prevailing assumptions linked with the vulnerabilities of teenage mothers argues that

*research in which normal middle class criteria are employed to*

*catalogue teenage mother's failures and deficits has contributed to a decontextualised view of adolescent childbearing.*

She further points to the

*...growing number of qualitative studies that restore the missing perspective of the teenage mothers.*

(SmithBattle, 2000, p. 31).

In later work SmithBattle (2007) revealed that both capacity and capability of the teenage parent to achieve positive outcomes is strongly influenced by opportunity provided by the context of their social world. She revealed that the willingness of the teenage parent to achieve these goals is not in question. Rather the context in which they exist is what aids or hinders their personal goals revealing differentials in outcomes linked particularly with socio economic status.

Seamark and Lings (2004) in their interpretive phenomenological study exploring experiences of teenage mothers (n = 7) echoes both SmithBattle (2007, 2000) and Duncan (2007) concluding that their study reveals the positivity associated with teenage motherhood. They contend that their study

*reassesses the idea that a teenage pregnancy ruins a woman's life and has shown that it can be, in fact, the turning point to maturing and developing a career. Teenage pregnancy at the beginning of the 21st century may not be as bleak as sometimes portrayed, particularly if family, health professionals and society support the mother.*

(Seamark and Lings, p. 817).

In summarising, societal representations of the teenage parent predominantly puts forth a prevailing negative picture. Within these negative representations it is suggested that the notion of societal 'normalcy' moulded by political context and economic policy are what contributes to the overarching problematisation of the teenage parent within society. However, these representations have been challenged from a revisionist viewpoint revealing not necessarily teenage parenthood as problematic but rather their social context acting as either enabler or constraint. While these understandings have been challenged it is suggested they have the potential to permeate health professionals' views of teenage parents. Reflecting this study's focus exploring being a teenage parent service user the subsequent literature

reviews understandings of the teenage parent in the healthcare setting and their experiences as healthcare users.

#### **2.4.5 Teenage Parents in the Healthcare Setting: A Colonisation of Societal Views**

The discourse on the Irish teenage parent (see chapter 1.8) shapes the understanding of these parents (Hyde, 2000; Luddy, 2011; Crosse and Millar, 2014, 2015). This understanding is echoed in the international literature depicting teenage parenthood as problematic (Hongling et al., 2001; Moffitt, 2002; Weinman et al., 2002; Elfenbein and Felice, 2003; Sarri and Phillips, 2004; Wahn et al., 2005). An insidious effect of these depictions is the colonisation of these societal understandings within the healthcare setting (Davies et al., 2001, Hanna, 2001; Bailey et al., 2004; Freake et al., 2007; Breheny and Stephens, 2007, 2010). These understandings colonise the healthcare setting shaping institutional and healthcare providers views and in turn impacting on the experience of teenage parents as service user (Davies et al., 2001, Hanna, 2001; Bailey et al., 2004; Freake et al., 2007; Breheny and Stephens, 2007, 2010). This colonisation shapes how these young parents are understood and treated in the healthcare setting as service users (Hanna, 2001; Bailey et al., 2004; Breheny and Stephens, 2007, 2010). This process of colonisation reveals challenges for the teenage parent in receiving a person-centred healthcare service that is equitable, just and fair (McCance et al., 1999; McCormack 2001, 2004).

In the context of receiving health services the literature reveals challenges for these parents in being positioned by services either as that of an adult or a child user (Davies et al., 2001, Hanna, 2001; Bailey et al., 2004; Freake et al., 2007; Breheny and Stephens, 2007, 2010). Negative representation of the teenage parent in the media, literature and political arena, who defy the notion of 'normalcy' creates challenges for the teenage parent with regards to how they are viewed by others in their world (Corsaro, 2005; Wilson and Huntington, 2006). As service users this raises issues for these parents with regards to how professionals view them (Breheny and Stephens, 2007, 2010), how their needs are addressed (Hanna, 2001) and indeed how they are treated as a service user (Bailey et al., 2004). Power relations therefore formulate an important consideration between that of the teenage

parent as user and the service provider. These relations arguably reflect Foucault's (1997, 1998) depiction of disciplinary and bio power held by professional experts who possess capacity to control individual agency. These power relations are explored in more depth in chapter 4.7 of this study. The understanding by providers of the teenage parent thus has the potential power to impact either negatively or positively on these parents' experiences as service users (Breheny and Stephens, 2007, 2010).

The literature exploring professional views of teenage parents' echoes the literature presented earlier in this chapter on the views of the adolescent and the teenage parent (Garrett, 2000; Wilson and Huntington, 2006; Tyler, 2008; Ryan, 2010; Russell, 2012; Power, 2011; Jones, 2011; Luddy, 2011). Professional views appear to be moulded by 'stereotypical' representations of the teenage parent in society (Davies et al., 2001, Hanna, 2001; Bailey et al., 2004; Freake et al., 2007; Breheny and Stephens, 2007, 2010). This shaping of professional views would appear to impact on the experience teenage parents have as service users (Breheny and Stephens, 2007, 2010).

Hanna's (2001) ethnographic study exploring the struggles of teenage mothers echoes the notion of comparisons being made between younger and older mothers by professionals. This study reveals the perceptions of teenage mothers revealing their sense of being differentiated by professionals:

*The young women had definite ideas of what they wanted from nurses, and that was not to be prejudged as being a young mother. They did not like being treated differently from the older clientele...*

(Hanna, 2001, p. 496).

Similarly, Bailey et al.'s (2007) qualitative study in the United Kingdom with teenage mother and health professionals reveal young mothers sense of differentiation in how they were treated. They posit that understandings put forth in the politic and social arena of teenage parents and parenthood has impacted on this sense of differentiation. They reveal that with regards to maternity services

*... young women's negative experiences during antenatal care, birth and postnatally are compounded by the stigma of teenage pregnancy.*

(Bailey et al. 2004 p. 681).

They thus conclude that

*the greatest risk to young pregnant women or mothers is their lack of access to appropriate services. By access we mean not only the physical presence of young women but their unproductive encounters within these services when they are accessed.*

(Bailey et al. 2004 p. 684).

Arthur et al.'s (2007) qualitative study exploring teenage mothers' experiences of maternity services echoes the sense of difference in treatment received by teenage parents highlighted by Bailey et al. (2004). Participants in this study revealed a sense of negativity towards them linked with their age

*It was not uncommon for them to feel that their age influenced the way professionals treated them.*

(Arthur, 2007 p. 657).

This study also revealed a sense of support from staff that made no differentiation. Thus, Arthur et al. (2007, p. 658) concludes that "*midwives with a keen interest in, and specialist knowledge of teenage pregnancy services should be identified*" to provide a service to teenage parents.

Breheny and Stephens' (2007) discourse analysis conducted with health professionals reveal their sense of adolescence and motherhood as "*positioning young mothers as adolescents*" focusing on their transitional life stage from childhood to adulthood. From this stance professionals made reference to the notion of the "*typical teenager*" reflecting an understanding of the teenage mother as

*...displaying poorly developed cognitive abilities...distracted, having a short attention span, and lack of foresight.*

(Breheny and Stephens, 2007, p. 116).

The sense of possessing limited cognitive abilities lead to the construction of the teenage mother by professionals as having limited capacity to plan thus accounting for their pregnancy, their lack of attendance at clinics and their haphazard approach to care for their baby (Breheny and Stephens,2007). Breheny and Stephens' study also revealed professionals views with regards to the financial status of the teenage mother revealing their belief of the inability of teenage parents to manage their finance, as well as prioritizing their personal financial needs over the needs of their child. A further viewpoint posited was professional's views of the teenage mother



as being “*socially gregarious*” , focusing on “*risk taking behaviours*” and “*existing in risky living conditions*” (Breheny and Stephens, 2007 p. 117). Their study also revealed constructions by health professionals of the ‘good’ mother. This construction was made in comparing the young teenage mother to the older mother, depicted as the ‘good’ or indeed ‘normal’ mother. Thus, the depiction of the teenage mother from the views of the health professional in this study is viewed as

*possessing the feelings that any mother would feel, but not having sufficient skills and abilities to qualify as a ‘good’ mother.*

(Breheny and Stephens, 2007 p. 117).

This viewpoint is echoed in the literature depicting incapacity, insufficiency and inability of teenage parents (Davies et al., 2001; Freake et al., 2007). Davies et al. (2001) revealed professional views of teenage parents as lacking the ability to parent. These views would appear to have been shaped by the identification of young parents as adolescents. This understanding draws on their life stage as transitional (Erikson, 1968, 1996; Wahn and Alberg, 2005; Wilson and Huntington, 2006; Breheny and Stephens, 2007). Thus, the ‘typical’ adolescent parent is constructed as lacking parenting skills, sensitivity and patience when compared to older mothers. By inference professionals thus construct the adolescent as ‘bad’ parent in comparison to their ideals of the ‘good’ parent.

The literature also reveals the adoption of a paternalistic approach in dealing with the teenage parent as a client (Freake et al, 2007). Freake et al.’s (2007, p 647) literature review of adolescents’ views of helping professionals reveal a sense of needing to trust the professional and not valuing being judged based on the “*negative assumptions*” associated with adolescents. Within this relationship adolescents valued the development of a collaborative, equitable process that did not denigrate them to the role of childlike.

In summary, the views of professional’s providing a healthcare service to adolescent parents reflect a level of colonisation of broader societal views impacting on the type of service teenage parents receive as users (Davies et al., 2001, Hanna, 2001; Bailey et al., 2004; Freake et al., 2007; Breheny and Stephens, 2007, 2010). Pertinent to this debate is the type of relationship that exists between teenage parents

and service providers affecting teenage parents' perceptions of the treatment they receive (De Jonge, 2001; Aujoulat et al., 2010; Ross et al., 2012).

#### **2.4.6 Teenage Parents and Service Providers Interactions**

The literature reveals the importance of the user provider relationship in contributing to the overall experience and type of view formulated of the service provided to users (Bradburn et al., 1999; Office of Health Management, 2003; Thompson, 2007; Fisher and Owen, 2008). From this stance the literature points to the importance of the professional view and stance as the 'gatekeeper' to the type of experience the service user will receive (Wray, 2005; Fisher and Owen, 2008).

Within the literature presented thus far understandings of the teenage parent by health professionals has the potential to impact on this relationship (Davies et al., 2001, Hanna, 2001; Bailey et al., 2004; Freake et al., 2007; Breheny and Stephens, 2007, 2010). Conversely, the views of teenage parents as users of services appear to be moulded by their perceptions of what professionals think of them (De Jonge, 2001; Aujoulat et al., 2010; Ross et al., 2012).

Ross et al.'s (2012) longitudinal qualitative study explored the views of young men and their teenage partners of maternity and health services during pregnancy and early parenthood. This study revealed the desire amongst teenage fathers to be involved in the care of their partner and child when using health services. These young fathers expose a prevailing sense of being excluded and marginalised from involvement during their interactions with health services. This exclusion impacted on the teenage mothers, feeling a lack of support and isolation from their partners. This also created in young mothers a heightened sense of responsibility in negotiating health services predominantly on their own.

Both teenage parents revealed a strong sense of being conscious of "*negative attitudes and judgments toward them by professionals*" (Ross et al., 2012 p.308). Both parents also revealed a lack of consultation and information with regards to interventions they were receiving. This lack of consultation was also reflected in a lack of recognition of their views and needs during interactions. Their study also

revealed a sense of distinction with regards to how they were treated by services in comparison to older parents. Interestingly, it also revealed that while health services distinguished them as young parents, these parents did not distinguish themselves. Thus, they concluded that

*... young people were making the transition to parenthood in similar ways and with similar ideals to older parents.*

(Ross et al., 2012 p. 312).

De Jonge's (2001) qualitative study with teenage mothers on their views of supports from services echoes some of the findings of Ross et al.'s (2012) study. De Jonge's study revealed that teenage mothers' access to health care support was in some instances hindered by professional attitudes. Professional attitudes toward the teenage mothers resulted in lack of information about the array of services these parents could avail of for support, advice and care. The study also revealed suspicion of professionals by teenage parent service users reflecting a fear of stigmatisation. Thus, De Jonge (2001) suggests professionals with an interest in teenage parents and their needs should be available to these young parents and to other professionals as a resource.

Similarly, Aujoulat et al.'s (2010) qualitative study in Belgium exploring adolescent mothers' views of their psychosocial and health needs revealed their need for unbiased information. Their study revealed the informational needs of teenage mothers with regards to the array of services they can avail of and also interventions they could receive from services. However, they revealed a dearth of information being provided with regards to this expressed need. Aujoulat et al also highlighted the impact professional views had on the teenage parent revealing their expressed need to be treated as adults but being designated to the role of child. This in turn impacted on these parents' views of using healthcare services leaving a negative sense of feeling unsupported and devalued (Aujoulat et al., 2010).

The aforementioned studies have put forth a prevailing sense of teenage parents being treated differently by services. This different treatment resulted in limited information of the array of services available to them as parents, distrust or indeed suspicion of professionals and feelings of being 'stereotyped' as teenage parents (De

Jonge, 2001; Aujoulat et al., 2010; Ross et al., 2012). Arguably, what needs to be considered in the context of the user provider relationship between teenage parents and professional service providers is how this relationship can be fostered and enhanced (Hart, 1992; Webster, 1995; Beresford, 1997; Stuart, 1999; Lutz and Bowers, 2000; Fisher and Owen, 2008). From this perspective the literature highlights the importance of adapting a partnership approach that includes the key principles of person-centred care (McCance et al., 1999; McCormack 2001, 2004; DoHC, 2001a; McEvoy et al., 2008).

This need for individualised person-centred care is echoed in the literature acknowledging the views of both teenage parents and adolescents/teenagers as health service users (Jacobson et al., 2001; Oberg et al., 2002; Marcell & Halpern-Fisher, 2005; Klostermann, 2005; Schaeuble et al., 2010). Adolescents as service users reveal a number of key needs. These needs are grounded in feelings of how they are viewed by service providers. Adolescents thus highlighted valuing accessibility, confidentiality, trust and respect within the user provider relationship (Jacobson et al., 2001; Oberg et al., 2002; Marcell & Halpern-Fisher, 2005; Klostermann, 2005; Schaeuble et al., 2010).

Schaeuble et al. (2010) in their descriptive, mixed method study explored adolescents' preferences for primary care provider interactions. These preferences revealed the importance of having a relationship based on both trust and respect with the provider. Inherent within these relationship participants revealed preferences of being facilitated to choose and make their own decisions with regards to their health. Another key finding of this study was the importance of the professionals' attitude. Participants' revealed preference toward a caring, empathetic provider who respected their confidentiality indicating the importance of trust within this relationship.

Klostermann (2005) also revealed the importance of trust for adolescents availing of healthcare services. This sense of trust was important firstly within the user provider relationship and secondly with regards to the service personnel's clinical competence. With regards to trust within the provider user relationship; confidentiality, respect, being heard, valued and respected was revealed. Also the

attitude of the healthcare personnel displaying a friendly attitude toward the adolescent was valued. Interwoven in the participants 'sense of trusting personnel's clinical competence was the need to receive a person-centred service. This sense of valuing person-centred ideals was reflected in trusting that service personnel's competence, knowledge and skill reflected their ability to have adolescents' best interest as a focus. An inherent aspect in providing this person-centred focus included trusting personnel to be honest, open and discuss health issues. From this collaborative stance adolescence trusted they would be equipped to both understand and indeed make decisions with regards to their health concerns (Klostermann, 2005).

Similarly, Jacobson et al., (2001) in their mixed method study reveal adolescents views of primary healthcare providers as not feeling respected with regards to their healthcare concerns. The findings echo that of Schaeuble et al, (2010) and Klostermann, (2005) revealing what adolescents did not value. This included revealing not being listened to or indeed being valued as to their opinion with regards to their health concerns. This study also revealed not feeling confident in the ability of providers to maintain their confidentiality. Thus, Jacobson et al (2001) advocate the importance of trust, confidentiality and person-centred care in providing services to adolescents.

Fisher and Owen (2008) put forth suggestions with regards to the manner in which the user provider relationship can be undertaken. Their particular study involved a review of two large qualitative studies conducted in the UK addressing policy and practice in relation to teenage motherhood and policy and practice interventions concerning food and health with families. In this review they put forth two opposing practice approaches for consideration within the user provider relationship, these being 'ecologies of practice' and 'economies of performance'.

Within their 'economies of performance' they highlight the foci not necessarily on the service user but on the targets and indeed outcomes to be achieved by the service. This they argue dehumanises the user provider interaction and indeed places the service user in the domain of a potential target/outcome to be achieved. Conversely, their 'ecologies of practice' echoed the ideals of person centeredness

acknowledging the individuality of the person as service user, their rights and worth as an individual and human being in receipt of the service. From this stance the focus of the interaction in both receiving and providing care to the person as a service user is on their identified health needs as opposed to defined targets/outcomes or policies that guide practice.

In summary, the aforementioned literature exploring teenage parents in the healthcare setting has revealed the interactional effect within the user provider relationship. With regards to professionals' views of the teenage parent it is suggested that there is evidence of societal views colonising the healthcare setting. This evidence appears to be grounded in developmental discourse that shapes professional views linked with fertility timing, including parental capability and capacity linked with teenage parenthood (Hanna, 2001; Davies et al., 2001; Bailey et al., 2004; Breheny and Stephens, 2007; Freake et al., 2007). The impact of this colonisation impacts the teenage parents' views of services expressing a sense of differentiation, stigmatisation and judgment in the healthcare setting (De Jonge, 2001; Aujoulat et al., 2010; Ross et al., 2012).

The teenage parents' sense of receiving differentiated treatment and of being judged negatively impacts on their sense of agency as a service user. Stereotypical judgments categorising this parent as the 'typical' teenage parent suggests prevailing negativity associated with teenage parenthood. The sense of judgment with regards to capacity, capability and indeed stance as good /bad parent places a division between the professional and the teenage parent in working collaboratively within this relationship. Thus, it is suggested that the opportunity to enact a person-centred focus within the healthcare setting is negated by prevailing 'conventional wisdoms' that categorises the teenage parent as 'typical' or 'bad' parent (De Jonge, 2001; Geronimus, 2003; Aujoulat et al., 2010; Ross et al., 2012).

Understandings of the teenage parent are important considerations reflecting the focus of this study exploring being a teenage parent service user. Considering the Irish teenage parents' experiences of being a service user is an imperative in interpreting their viewpoint and in exploring the affect using services has on this

experience within the Irish healthcare context. A further key consideration is the model of health service delivery in Ireland that serves to shape this experience. Thus, the following section presents an overview of both primary care and primary health care that shape healthcare delivery in Ireland.

## **2.5 Primary Care and Primary Health Care**

As debated in chapter 1.10.1 the Irish model of healthcare delivery is grounded in primary care and primary health care principles (DoHC, 2001a, 2001b, 2012). This model of healthcare delivery is shaped by the ethos of person centeredness and in the understanding of health that acknowledges health as a fundamental right influenced by broader determinants (WHO, 1974, 1975, 2008; McCance et al, 1999; McCormack, 2001, 2004).

While the literature uses the terms ‘primary care’ and ‘primary health care’ interchangeably there are recognised distinctions in the literature between these two concepts (Starfield and Shi, 2002; Starfield et al., 2005; WHO, 2008; Kruk et al., 2010). Primary care is linked with health care delivery that reflects the first point of contact the person has with the health service predominantly focusing on diagnosis and referral to broader health services (Starfield and Shi, 2002; Starfield et al., 2005). In several countries primary care has become associated with primary medical care and formulates part of the health delivery system that is acknowledged as primary health care (Starfield and Shi, 2002; Starfield et al., 2005; WHO, 2008; Kruk et al., 2010). From this viewpoint primary health care encompasses the first point of contact but also acknowledges health service delivery via the broader multidisciplinary team (Starfield and Shi, 2002; Starfield et al., 2005; WHO, 2008; Kruk et al., 2010). Thus, primary health care acknowledges health as a complex concept that includes broader determinants including bio psychosocial needs (Starfield and Shi, 2002; Starfield et al., 2005; WHO, 2008; Kruk et al., 2010).

One of the key precursors to the development of primary health care included Marc Lalonde’s Report (1974) which acknowledged the complexity of health. This report recognised the broader influences or determinants that impact on

health, such as social or economic factors and the notion of individual perceptions of wellbeing (WHO, 1946). This ideal of health was first proffered by the WHO (1946, p. 100) describing health as

*...a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.*

Lalonde acknowledged the environment, individual health behaviours and the structure of health care systems as being influential on health status outcome. His report laid the seeds of achieving health with people and populations recognising the rights of individuals to choose healthy lifestyles if they were both informed and facilitated to do so. The following year Kenneth Newell (WHO, 1975) in the publication 'Health by the People' challenged the focus on solely addressing health from a micro perspective. He thus addressed the need to acknowledge the complexity of health influenced by the broader social context

*...we have studies demonstrating that many of the "causes" of common health problems derive from parts of society itself and that a strict health sectoral approach is ineffective, other actions outside the field of health perhaps having greater health effects than strictly health interventions.*

(WHO, 1975, p. x).

Both Lalonde (1974) and Newell's (WHO, 1975) reports were influential in the development of primary health care acknowledging broader determinants of health and the empowerment of populations to instigate change in improving health status. Inherent in the original development of primary health care were the notion of social justice, self-sustainability, participation and the reduction of inequality (WHO, 1975). Subsequent development of primary health care included the Alma Ata Declaration (WHO, 1978, p.1) which acknowledged the ideal of "health for all" and reaffirmed that health was recognised as

*a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.*

(WHO, 1978, p. 1).

This declaration acknowledged a key set of primary health care practices that



recognised the need for integrated services. This declaration's focus was on the provision of promotive, preventive, curative and rehabilitative services that included the participation of service users. The Alma Ata Declaration advocated the principles of equity, social justice, access, empowerment, participation, cultural sensitivity, collaboration and self-determination (WHO 1978). Following this declaration primary health care was thus defined as:

*Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination...*

(WHO 1978, p. 6).

More recently primary health care provision recognises the need to make explicit a person-centred ethos highlighting the imperative to

*Put people at the centre of health care...by taking into account citizens' expectations about health and health care and ensuring that [their] voice and choice decisively influence the way in which health services are designed and operate*

(WHO, 2008, p. xii).

Primary health care thus represents a process and a philosophy for health achievement (WHO 1978, 1986, 2008), as well as a strategy, level of care and set of activities (Holzemer, 1992, Poulton et al., 2000). As a philosophy, primary health care underpins the goal of recognizing health as a fundamental right (WHO, 1946). This philosophical basis also recognises participation of the individual and the community in achieving this fundamental right to health (WHO, 1978, 1986, 2008). Thus, the ideals of participation, collaboration, social justice and equity are reflected within this philosophy in achieving self-determination and maximum health potential (WHO, 1978, 1986, 2008). Key attributes are associated with primary health care, these being: first-contact care, person-focused care as well as comprehensive and coordinated care (WHO, 2003, 2008; Starfield et al., 2005; Kringos et al., 2010).

The care delivery is at the primary level reflecting the first line of contact with the health care system and the reorientation of these services in meeting health need (Blackie, 1998; WHO, 2003, 2008). This process is facilitated through collaboration with the individual, family and community encouraging empowerment and

participation (Goeppinger et al., 1982; McMurray, 1993; WHO, 2003, 2008). The activities employed to achieve these goals reflect the aim of collaboration, participation and empowerment, working with the client reflecting the ideals of person centeredness (McCance et al, 1999; Poulton et al., 2000; McCormack, 2001, 2004; WHO, 2008). Thus, there is a shift in emphasis from that of professional health care provider to that of enabler/ facilitator of health (Goeppinger et al., 1982; Hanafin, 1997a, 1997b; Clarke, 1999; Mason and Clarke, 2001).

How primary care and primary health care systems have evolved within each country has been influenced by the country's context linked with the country's historical background, welfare system, dominant health problems and societal values /beliefs (Kringos et al., 2010). As highlighted in chapter 1.10.1 the Irish health strategy reflected a reform of the health care system that included a reorientation of health services toward the delivery of primary health care (DoHC, 2001a, 2001b). This reform acknowledges a person-centred focus with health care delivered through primary health care teams whose composition are formulated according to the assigned population health needs (DoHC, 2001a, 2001b). More recent developments continue to acknowledge the focus on primary care and primary health care delivery targeting the broader determinants of health factors that are contributing to ill health in Ireland. This focus has contributed to the development of integrated care pathways between both acute and primary health care services in order to enhance the patient/client journey (DoHC, 2012). Today, Irish health service reform includes the following key principles in service delivery:

***Keeping People Healthy*** – *The system should promote health and wellbeing by working across sectors to create the conditions which support good health, on equal terms, for the entire population.*

***Equity*** –...*A system of compulsory universal health insurance should ensure universal access to healthcare for all citizens based on need rather than ability to pay.*

***Quality*** – *The system should support the best health outcomes for citizens within available resources.*

***Empowerment*** – *The system should empower and support citizens, patients and healthcare workers to make evidence-informed decisions through appropriate sharing of knowledge and information.*

***Patient-centeredness*** – *The system should be responsive to patient needs, providing timely, proactive, continuous care which takes account, where possible, of the individual’s needs and preferences.*

***Efficiency and Effectiveness*** – *Incentives should be aligned throughout the health system to support the efficient use of resources and the elimination of waste and drive continuous performance improvement and co-ordination across different providers.*

***Regulation and Patient Safety*** – *Regulatory, governance and payment structures should support the provision of safe, high quality, integrated care based on national standards and protocols, and delivered in the most appropriate setting*

(DoHC, 2012, p.1).

Efficiency, effectiveness, regulation and patient safety are made more explicit in recent policy development (DoHC, 2012). However, what appears to be paramount in both the past and present Irish healthcare context is the importance of service delivery that is collaborative, acknowledging the principles of fairness, justice, equity, empowerment and person centeredness (DoHC, 2001a, 2001b, 2012). This ethos recognises the need to acknowledge patients/clients as partners in improving health, social gain and service delivery (DoHC and HSE, 2008, DoHC, 2012). An inherent aspect of inclusionary practices involves the inclusion of the service user’s voice in service delivery (DoHC and HSE, 2008). The subsequent aspect of this literature review addresses the ideal of ‘service user’. This literature is presented in cognisance of the focus of this study exploring the teenage parents’ views and experiences as health service users.

## **2.6 Understanding of the Term ‘Service User’**

The term and ideal of ‘service user’ has undergone an evolutionary process as to how it is understood and enacted (Buckland et al., 1994; Boote et al., 2002; Thompson, 2007; McEvoy et al., 2008). Understanding of the concept ‘service user’ has involved the use of several terms reflecting the focus of particular health service systems (Buckland et al., 1994; Boote et al., 2002; Thompson, 2007; McEvoy et al., 2008). These terms include ‘service user’, ‘user’, ‘lay person’, ‘citizen’, ‘client’, ‘consumer’, ‘patient’ and ‘survivor’ (Buckland et al., 1994; Boote et al., 2002). However irrespective of the terminology employed the meaning ascribed to these collective terms involves the understanding of the individual who is viewed as the

recipient of health services (Buckland et al., 1994; Boote et al., 2002).

Boote et al., (2002) in their review of user involvement in health research highlight the particular dilemma's associated with the array of different terminologies used to define and understand this concept. They highlight that

*...the terminology applied to receivers of health care may be influenced by the agenda of the person or organisation using the term.*

(Boote et al. 2002 p.215).

In putting forth this debate they highlight as example the use of the term 'consumer' or 'customer' which they suggest depicts a market orientated focus. This is in opposition to the use of the term 'citizens' which they argue depicts a rights based focus of the service. For example, a market orientation was particularly evident in the United Kingdom's health service system in the 1980's which included the evolution of consumerism (Segal, 1998; Almond, 2001; Obeid, 2001). This customer focused service delivery model reflects the ideals of more choice for recipients/consumers of health services with regards to the type of service and care they receive (Segal, 1998; Almond, 2001; Obeid, 2001).

McEvoy et al. (2008) in their review of service user involvement in Irish health services conclude that irrespective of the array of terminologies that describe recipients, what is imperative is to distinguish between the views of users and providers. Thus, they put forth the following criterion with regards to their chosen term 'service user', which includes

- People who use health and social care services
- Patients and potential patients
- Carers, parents and guardians
- Organisations and communities that represent the interests of people who use health and social care services
- Members of the public and communities who are potential recipients of health programmes and social care interventions.

McEvoy et al's inclusion criterion depicts an array of levels of involvement with services as a user moving from the individual to the collective. Boote (2002, p.215) refers to this involvement as "*a continuum of collectivity*" reflecting

involvement/participation that include the individual (micro) and the collective public (macro).

Arnstein's (1969) ladder of citizen participation depicts participation moving from the status of non participation to degrees of citizen power. Arnstein's work focused on increased power with regards to decision making being dependent on the level of citizen involvement/participation. This model diagrammatically represented as an eight rung ladder indicates the different levels of citizen power in decision making processes (Arnstein, 1969; Tritter and McCallum, 2006). Arnstein's ladder has been criticized for depicting linear processes of participation and failure to consider actual processes of involvement as well as outcomes (Tritter and McCallum, 2006). However, it has also been widely adapted and has been influential in raising the profile of user involvement in decision making (Oveid, 2000; Coney, 2004; Tritter and McCallum, 2006; Thompson, 2007).

Hart's (1992) Ladder of Participation was adapted from Arnstein's model to reflect children's participation. This model acknowledges the rights of the child to participate in healthcare decisions affecting them echoing the United Nations Convention on the Rights of the Child (1989). Within Hart's model the age and capacity of the child is given due consideration with regards to the opportunity to effectively participate in decision making. The ladder steps therefore represent differing levels or opportunities for the child to participate. Similar to Arnstein (1969) the levels of involvement range from tokenism to child initiated participative processes with adults.

Health Canada's Public Involvement Continuum Model (Minister of Public Works and Government Services Canada, 2000) also reflect an adaptation of Arnstein's model to include the macro/public level of involvement. This model includes mediums that promote the notion of 'citizen engagement' such as citizens' juries and panels, think tanks, study groups and circles (Minister of Public Works and Government Services Canada, 2000).

Since Arnstein a plethora of models of participation has evolved to reflect the involvement of service users/recipients decision making in health care (Webster,

1995; Beresford, 1997; Stuart, 1999; Lutz and Bowers, 2000). The array of participative models range from individual to broader citizen involvement (Hart, 1992; Webster, 1995; Beresford, 1997; Stuart, 1999; Lutz and Bowers, 2000). Irrespective of the focus of this broad array of models generic principles are enshrined in their ethos of participation with health services, these being:

- The ideal of trust reflected in an open, honest and transparent relationship between the service user and provider
- Information that facilitates informed consent and acknowledges the range of options/treatments that services can logistically provide
- Acknowledgement within the user provider relationship of the service users' needs reflecting a person/patient centred holistic approach
- Overall involvement of the service user in decisions affecting them conducted in a collaborative, equal basis between the user and provider of the service
- Opportunity for service users to evaluate and feedback on services.

These generic principles advocate the ideal of partnership between user and provider. They reflect the ethos inherent within person-centred care (see chapter 1.9) that include respect for the individual, recognition of personhood, recognition of the user's ability to contribute to their own care and their right to communicate/assert their needs (Hart, 1992; Webster, 1995; Beresford, 1997; McCance et al, 1999; Stuart, 1999; Lutz and Bowers, 2000; McCormack, 2001, 2004). At international level the evolution of the notion of partnership in health care between both users and providers of health services has a history stemming from the United States in the 1960's (Johnston-Roberts, 1999; Williams, 2004). With the development of health care systems focus on quality the emphasise on partnership has increased reflecting the explicit need to ensure a quality driven health service (Draper, 1997; DoHC, 2001a; Vallgarda et al., 2001; DoH, 2003). This ethos is echoed across Europe and particularly since 2001 has become an inherent part of the Irish healthcare system's focus (DoHC, 2001a, 2001b 2004; DoH, 2012).

### **2.6.1 'Service User': the Irish Healthcare Context**

Within the Irish context the development of the Health Strategy, Shaping a Healthier

Future (DoH, 1994) planted the original seeds of developing a healthcare system that incorporated the tentative focus of acknowledging patients as partners in improving health and social gain. Albeit, this strategy did not make explicit the mechanisms by which the patient as partner was to be enacted. Subsequent Health Strategy development especially Quality and Fairness, A Health System for You (DoHC, 2001a) reflects a reorientation of the health services toward primary and community care provision and toward a person-centred focus. In presenting a health service that is orientated toward a person-centred focus; this strategy acknowledges a set of key principles reflecting the ideals of equity, fairness, quality, people centeredness and accountability. Within this strategy one of the national goals outlining responsive and appropriate care delivery is the ideal of placing the patient at the centre of care delivery. From this stance the strategy advocates a participatory process acknowledging that

*...the health system must become more people-centred with the interests of the public, patients and clients being given greater prominence and influence in decision-making at all levels.*

(DoHC, 2001a, p.79).

Thus, this strategy was the protagonist that initiated the development of participatory processes within the Irish healthcare system. These processes focus on the measurement of patient satisfaction, developing a patient complaints system and developing a system by which service users could participate in decision making (DoHC, 2001a; McEvoy et al., 2008).

The subsequent development of the National Strategy for Service User involvement in the Health Service (DoHC and HSE, 2008) recognises the service user role in the creation of policy affecting their health and wellbeing. This focus reflects the emphasis placed within the National Health Strategy (DoHC, 2001a) on a person/people centred, quality service delivery which places onus on the empowerment of people through active participation in decisions affecting their health and wellbeing. The National Strategy for Service User involvement in the Health Service (DoHC and HSE, 2008, p. 5) involves three levels of service user engagement including:

- Individual service users: involvement in their own care
- Community: involvement in local service delivery and development

- National: strategic policy informed through involvement of service user organisations in partnership with health care professionals.

Within this strategy the definition of ‘service user’ is put forth under the following set of criteria:

- People who use health and social care services as patients
- Carers, parents and guardians
- Organisations and communities that represent the interests of people who use health and social care services
- Members of the public and communities who are potential users of health services and social care interventions.

The definition of ‘involvement’ put forth in this strategy reflects the Health Board Executive’s (HeBe) definition which emphasised:

*A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change.*

(HeBE, 2002 cited in DoHC and HSE, 2008, p.6).

Of particular interest in the context of this study’s research participants who are teenage parents was the strategy’s fifth goal which outlines that

*...All involvement work must make specific efforts to ensure the participation of children, young people and socially excluded groups.*

(DoHC and HSE, 2008, p 16).

This particular goal clearly acknowledges the rights of young people as service users echoing earlier strategic and policy developments that advocate this ethos (UNCRC, 1989; DoHC, 2000, 2007; OMC, 2005, 2006a, 2006b). These developments debated earlier (see chapter 1.10.2) echo the ‘National Strategy for Service User involvement in the Health Service’ (DoHC and HSE, 2008) recognising young people and children’s rights as service users.



The literature debating the understanding of how the concept of ‘service user’ is understood ranging from the individual (micro) to the public collective (macro) level of involvement is an important consideration for this study (McEvoy et al, 2008; DoHC and HSE, 2008). Within this study emphasis is placed on the individual level of involvement as a service user. Thus, within this study the definition of service user is shaped by the acknowledgement of individual as opposed to collective user involvement. This decision contributed to the definition of the service user developed for this study (see chapter 1.6). Therefore within this study service user is defined as “the teenage parent aged 13-20 years who currently uses or has used universal child and family services in Ireland”.

## 2.7 Conclusion

This literature review has explored understandings of the adolescent/teenager, the teenage parent and parenthood, the healthcare context and understandings of the term service user. Understandings of the adolescent/teenager have revealed that this developmental life stage includes processes of transition that incorporate bio psychosocial changes. These transitions when coupled with the transition to parenthood represent a unique set of challenges for the teenage parent in adapting to their parental role. These transitions take place in a social context in which the teenage parent is predominantly viewed of as problematic. For the teenage parent this creates an additional challenge existing with preconceived ‘stereotypical’ ideologies of teenage parenthood. These ideologies permeate every aspect of these parents social life and influence the type of interactions and experiences they have as parents. Reflecting on this study’s focus the colonisation of these societal views within the healthcare setting has the potential to impact their experiences as service users.

The final aspect of this review explored understandings of the service user, their involvement in health services and models that facilitate a partnership approach in working with service users. In the context of this study this aspect of the review considered the role and function of children and young people as service users. This literature revealed important considerations with regards to working in ‘true’ partnership with young people acknowledging their rights to be heard in matters

affecting their health and wellbeing as service users. In the context of this study hearing the individual voice of the teenage parent is an important consideration as to their views and experiences of being a service user. This focus is analogous with Irish healthcare policy that advocates having young peoples' voice heard in matters affecting their own and their children's health and wellbeing. The subsequent chapter presents the methodology outlining the decision trail in initially choosing the interpretive hermeneutical phenomenological method to explore this study's participants' lived experience of being a teenage parent service user.

## **Chapter 3: Methodological Considerations and Rationale for Study**

### **Design**

#### **3.1 Introduction**

This chapter presents the methodological considerations linked with the adaptation of the interpretive hermeneutical method used to reveal the subjective lived experience of being a teenage parent service user. It presents Martin Heidegger's philosophy (Heidegger, 1927/2011) which underpins the use of the interpretive method. It therefore presents the key tenets of his philosophy used in exploring the participants' lived experience in this study. Finally it explores Paul Ricoeur's theory of interpretation used in this study as a framework to guide data analysis (Ricoeur, 1976).

#### **3.2 Reflexivity**

Before presenting this chapter I wish to caveat that concentration on the phenomenological focus within this chapter reflects the original conceptualisation and focus of this study to reveal lived experience. As outlined in the theoretical framework (see chapter 1.5) this chapter now represents part of an incremental methodological approach that includes both interpretive phenomenology and critical realism. Thus, chapter four provides a depth rationale with regards to adapting critical realist principles in this study.

The use of interpretive phenomenology involved for me the opportunity to reveal the emic perspective of the teenage parents who participated in this study. It facilitated the exposition of their personal lived experience with a focus on revealing what being a teenage parent service user meant for them. While the adaptation of critical realist principles was not considered in originally developing this research it represents for me an incremental approach in exploring both the subjective and objective aspects of the participants lived experience.

In exploring the literature further I learned that it was possible to acknowledge on an equal basis the human beings' social existence both from the perspective of their

agency and of the structures with which they existed in their world (Bourdieu, 1979/1984; Giddens, 1984; Habermas, 1987; Archer, 1995; Layder, 1997). In reaching this understanding I now faced the question as to how I maintained the original focus within this study of revealing the emic perspective while equally acknowledging the objective aspect of the participants' existence. Heidegger's differentiation between 'being' and 'beings' offered an initial answer to my dilemma (Heidegger, 1927/2011). My understanding of this differentiation was that the human being was part of the world and that this existence was inseparable from the world. From this perspective I focused on his notion that without the human being's subjective existence the objective state and subsequent meaning would cease to exist. From this viewpoint I was clear that the participants' lived experience represented the linchpin from which the objective realm could be explored. From this viewpoint phenomenology offered a means to firstly acknowledge the subjective realm while critical realism provided the means to move beyond this viewpoint and explore the meaning of lived experience from the objective realm (Bhaskar, 1979; Layder, 1997). It allowed me to acknowledge the interconnection between the unique lived experience of the participants and their encounters with mechanisms in their world that served to shape their existence (Bhaskar, 1979; Layder, 1997). It also facilitated the exploration of entities shaping the participants' existence of which they may not have necessarily been aware but which affected their unique lived experience (Bhaskar, 1979).

This renewed ambition to expose the multifaceted aspects of these participants' social existence resulted in the adaptation of critical realist principles which I debate in further depth in chapter four. It allowed me to firstly focus on exposing the lived experience and secondly to explore this lived experience from the objective realm. This resulted in me considering the affect causal mechanisms had on participants' existence as service users. From this viewpoint I developed the second research question in this study asking 'what affect has engagement with child and family services had on the teenage parent as a service user? For me exploring possible causative mechanisms influencing participants' lived experience reflected an incremental approach firstly utilising Heidegger's interpretive phenomenology (Heidegger, 1927/2011) and secondly Layder's Theory of Social Domains (Layder, 1997). Thus, this present chapter explores the methodological considerations linked

with the phenomenological approach while the subsequent chapter explores the adaptation of critical realist principles in this study. This explication begins with my rationale in firstly choosing the interpretive phenomenological approach which is underpinned by the interpretive paradigm.

### 3.3 Rationale for the Choice of the Interpretive Paradigm in this Study

In presenting this rationale I firstly present the interpretive paradigm which shapes and underpins the interpretive phenomenological approach initially adapted in this study. Within the interpretivist paradigm the recognition of potential ‘multiple realities’ as explained from the emic perspective of the ‘lived experience’ is emphasised (Guba and Lincoln, 1994; Crotty, 1998; Welford et al., 2011). The German intellectual traditions of both ‘Hermeneutics’ [interpretation] and ‘Verstehen’ [understanding] is acknowledged as the key influences in the development of the interpretivist paradigm. Wilhelm Dilthey’s (1833-1911) distinctions between natural and human sciences were the catalyst in the development of the interpretive paradigm. Dilthey’s *‘Introduction to the Human Sciences’* (1883) identified distinctions in both natural and human/social science realities. Verstehen as described by Dilthey acknowledges all of the human capacities including subjective lived experience as opposed to Verstand (pure intellectual understanding).

Max Weber (1864-1920) is also acknowledged as contrasting research within the human and social sciences as Verstehen<sup>9</sup> and Erklären<sup>10</sup> reflecting research within the natural sciences (Crotty, 1998, p 67). Weber’s work contests the earlier ‘distinctions’ made by Dilthey between the natural and human sciences. He argued that “interpretation of social actions” can provide “explanation” with regards to both causality and effects within sociology (Weber, 1951 cited in Crotty, 1998, p 69). Thus, Weber’s viewpoint reflects a potential synthesis of research methodologies with his research outcome of ‘causally adequate’ reflecting a deviation from the

---

<sup>9</sup> Verstehen is a German term that means to understand, perceive, know, and comprehend the nature and significance of a phenomenon. To grasp or comprehend the meaning intended or expressed by another. Max Weber used the term to understand both intention and different types of human action.

<sup>10</sup> Erklären tries to make explanatory sense of a phenomenon by finding the laws that govern it. Thus, erklären’s focus is on causality. Max Weber put forth erklären as interpretive understanding of the causation of human action that involves explanation.

solely positivist stance of ‘absolute truth’ to one of ‘probability’. However, Weber’s view of Verstehen has been contested (Schutz, 1972). Schutz’ (1972) work in *‘The Phenomenology of the Social World’* represents a critique of Weber asserting that the manner in which meaning is constructed from individual experience is the way individuals make sense and come to terms with their own unique world of daily experiences. He therefore contests Weber’s notion of interpretation of social actions as Erklären [explanation] and puts forth individual (subjectivity) as the centre point of interpretivism.

Currently the interpretative paradigm reflects recognition of subjective understanding [verstehen] and the imperative to interpret this understanding (Guba, 1990; Hovorka and Lee, 2010). Thus “explanation and understanding” reflect “the researcher’s understanding of the subjects own understanding of his or her experience” (Hovorka and Lee, 2010, p 3). From this stance the researcher’s role is one of interpreter reflecting a subjectivist stance (Guba, 1990). Inherent within this role is the recognition by the researcher of their own experiences that potentially mould their interpretations (Guba, 1990; Crotty, 1998; Paley, 2005). The prevailing methodologies and methods within the interpretivist paradigm include phenomenology, symbolic interactionism and hermeneutics with the use of interviews, observations and document reviews. Therefore the epistemological stance within this paradigm is one of both subjectivity and intersubjectivity (Weaver and Olson, 2006). The ontological stance reflects one of lived experience, cultural influence and meaning which also acknowledges the potential for multiple realities (Weaver and Olson, 2006; Welford et al., 2011). These epistemological and ontological foci shaped the initial methodological approach of interpretive hermeneutical phenomenology adapted in this study. This approach is presented in the subsequent section.

### **3.3.1 Adapting the Interpretive Hermeneutical Phenomenological Approach in this Study**

As highlighted in my reflection (see section 3.2 of this chapter) a qualitative interpretive hermeneutical phenomenological approach was initially used in this

study to explore participants' emic perspective with regards to their views and experience of 'being a teenage parent service user'. This approach grounded in the philosophy of phenomenology utilised an interpretive methodological approach placing emphasis on the study of human beings within their natural context (Holloway, 1997; van Manen, 1997, 1984).

In adapting this approach emphasis is placed on the ideals and value of subjectivity and holism in interpreting participants' lived experience (van Manen, 1984, 1990, 1997; Dowling, 2005). This focus places emphasis on the notion of "being" and the "nature of human existence" (Heidegger, 1927/2011). Thus, the initial focus of this study reflects Heidegger's ideal that "being has an understanding of being" (Heidegger, 1927/2011). This focus is shaped by Heidegger's philosophical stance acknowledging that human beings are part of the world in which they exist and are in essence inseparable from this world (Heidegger, 1927/2011).

Heidegger in his analytic of '*Dasein*' revealed an opportunity to understand the human being in context of their 'average everyday' existence (Heidegger, 1927/2011). Hermeneutical interpretive phenomenological research provides an opportunity to explore this everyday existence. Examples of the use of this approach in research are evident particularly in the health and social sciences. Pascal (2010) used Heideggerian phenomenology as a theoretical framework to explore '*Phenomenology as a Research Method for Social Work Contexts: Understanding the Lived Experience of Cancer Survival*'. She put forth her understanding of 'lived experience' in the context of conducting her study as

*Lived experience of the everyday world, as revealed through consciousness, is the primary focus for phenomenological inquiry. Lived experience presents to the individual the many truths and realities of life. It is through accessing lived experience that researchers may gain understanding of the meanings and perceptions of another person's world. This forms the basis of an interpretive or Heideggerian hermeneutic approach to phenomenology.*

(Pascal, 2010, p. 6).

Pascal's descriptors resonated for me the focus in conducting this present study. The opportunity to explore the emic perspective using interpretive phenomenology facilitated my aim as a researcher to interpret the meaning of 'being a teenage

parent service user' and reveal lived experience. This focus on meaning reflected for me what Guignon (2009) highlighted phenomenology has to contribute in research revealing meaning laden human phenomena. Guignon (2009) depicts this meaning laden focus argued that

*The hermeneutic approach starts from the recognition that human phenomena are always meaning-laden. Because humans and what they do are inherently meaningful, any attempt to understand such phenomena must grasp the (usually tacit) meanings inhabiting what presents itself in experience. The approach also holds that the meaning of human creations is always accessible to us because we ourselves are meaning-endowing beings who are part of a shared life world, a world suffused with meanings that emerged over the ages and have become part of the inheritance of all of us.*

Guignon (2009, p.98).

In explicating meaning in this study, Heidegger's philosophy facilitates the exploration of the participants 'structural totality of being in the world' in the context of existing as a service user (Heidegger, 1927/2011). In explicating 'structural totality' the aim of this study is to expose what these participants care about to reveal what is important to them in using child and family healthcare services.

Another important factor in conducting this study from a Heideggerian interpretive phenomenological stance is my view of young people as competent social actors. From this viewpoint Heidegger's philosophy and the hermeneutical phenomenological approach provides the opportunity to hear and acknowledge the human being's voice and viewpoint. Mackey's (2005) use of this approach put forth this ideal of valuing the participants' voice and viewpoint highlighting the merit of using this approach

*Heidegger's approach emphasises the rich description to be found in everyday living and the interpretive basis of all understanding. Utilisation of an interpretative approach requires the researcher to accept and value the descriptions given by the participants as their reality, their understanding of the phenomenon.*

Mackey (2005, P.184)

The recognition of teenage parents as a population group that is not necessarily homogenous corresponds with Heidegger's phenomenological approach



acknowledging that each participant has their unique story to tell. In making the decision to underpin this research study with Heidegger's interpretive philosophical approach the subsequent sections of this chapter explores phenomenology, its origins, philosophical underpinnings and application in this research study.

The full and comprehensive exploration of phenomenology, its historical origins, philosophical tenets and transition as a research approach is not possible within the confines of this thesis. Reflecting the focus of this study I present an introduction to phenomenology reflecting its origins, evolutionary developments and the subsequent development and transformation of the phenomenological project by Martin Heidegger [1889-1976]. As this research focuses initially on Heidegger's phenomenology, a comprehensive review of his phenomenology is explored with a view to highlighting the rationale for choosing his phenomenological approach.

#### **3.4 Phenomenology- An Introduction**

*Phenomenology may be initially characterized in a broad sense as seeking an unprejudiced, descriptive account of consciousness and whatever appears to consciousness, precisely in the manner in which it so appears.*

(Moran and Embree, 2004, p 2)

To begin 'phenomenology' represents in its origins and evolution complexity as to how it can be both defined and understood (Spiegelberg, 1960; Dowling, 2011). Phenomenology has been moulded over the last century by its evolution as a philosophy (Crotty, 1996; Moran, 2000) and application as a methodology within research (Ricoeur, 1981; van Manen, 1990; Dowling, 2011). Phenomenology's interpretation from a historical perspective as 'a movement' perhaps best describes phenomenology and the understanding of it as an evolutionary and ever changing entity (Spiegelberg, 1960; Laverty, 2003).

Etymological understanding of the word 'phenomenology' draws its origins from the Greek words 'phainoemn' [meaning appearance] and 'logos' [meaning reason] (Dowling, 2011). The existence of phenomenology since the 18<sup>th</sup> century demonstrates a broad array of how phenomenology is understood, interpreted and applied (Spiegelberg, 1960; Moran, 2000). Early use of the concept include

Immanuel Kant's [1724-1804] distinctions of 'phenomena'<sup>11</sup> and 'noumenon'<sup>12</sup> Criticisms of Kant by George W.F. Hegel [1770-1831] in his work '*Phenomenology of Spirit*' published in 1807 (Moran, 2000) challenged Kant's interpretation of objects 'being unknowable' suggesting that by knowing phenomena in a more comprehensive way we can strive to have a consciousness of the spiritual truth of divinity. However, despite the existence of the term as proffered by both Kant and Hegel, the work of Edmund Husserl nearly a hundred years later [1859-1938] as presented in '*Logical Investigations*' (1900/1901) reflects the instigation of the phenomenological movement as both a philosophy and a 'science of being'. Husserl's descriptive phenomenology was subsequently developed by Martin Heidegger reflecting an interpretive as opposed to a descriptive focus (Dowling, 2011).

### 3.5 Heidegger's Phenomenology

Martin Heidegger (1889-1976) initially a student of Husserl [1909-1911] and later as his assistant at Freiburg University [1919-1923] is viewed as the successive 'intellectual pillar' in the phenomenological movement following Husserl (Dowling, 2011; Healy, 2011). His publication 'Being and Time' (Heidegger, 1927) challenged existing Husserlian phenomenological ideals arguing that it was predominantly descriptive, espousing the essential structures of consciousness. Heidegger thus advocated the ideals of his own phenomenology as one of interpretation of experience and explication of 'the meaning of Being' (Moran, 2000; Cerbone, 2009; McConnell- Henry et al., 2009; Healy, 2011). Heidegger rejected the notion of the human being/subject as a spectator of objects espousing that both subject and object were inseparable. For Heidegger 'being' was thus the descriptions or accounts that '*Da-sein*' [being there or man's existence] provided of their everydayness or ordinary existence (Heidegger, 1927/2011, p. 38). Heidegger thus asked from a philosophical stance "what does it mean to be? (Heidegger, 1927/2011). One of the central tenets of Heidegger's philosophy acknowledges existence as 'being in the world', understood as embeddedness and

---

<sup>11</sup> Kant represented phenomena as objects as they appear and are understood from the subjective viewpoint. Their existence and properties are dependent on human perception.

<sup>12</sup> Kant represented noumenon as objects as they are in themselves. These objects exist without human perception. Thus, they are things in themselves having independent existence.

inseparability from the world (Heidegger, 1927/2011; Moran, 2000; Cerbone, 2009). From this stance Heidegger rejected Husserl's method of phenomenological reduction and his view of the transcendental ego (Heidegger, 1927/2011; Cerbone, 2009). However, he accepted Husserl's principle of returning 'to the things themselves', supporting Husserl's ideal of relinquishing established theory to facilitate entry to primordial experience (Moran, 2000). Where Heidegger departs from Husserl in returning 'to the things themselves' is in adapting an ontological stance rejecting Husserl's epistemological stance of 'description of essences' focusing on cognitive processes. Instead Heidegger focused on the "phenomena of human experience as it is lived and expressed" (Moran, 2000, p 228). In explicating this concept Heidegger's exploration of 'Being'<sup>13</sup> and of 'beings'<sup>14</sup> recognises the concept of '*Da-sein*'<sup>15</sup> (Heidegger, 1927/2011). This focus provided the opportunity to explore interpretations of existence from the emic perspective of the human being (Moran, 2000; Cerbone, 2009). For Heidegger the focus of phenomenology was to "be able to understand *Da-sein* from within the concrete particularity of a lived life" (Moran, 2000, p 228).

Heidegger put forth a broad array of key tenets within his phenomenological philosophy. However, for the purposes of this study the key tenets of Heidegger's philosophy outlined earlier in this study's theoretical framework (see chapter 1.5) is presented. Thus, the tenets acknowledged in this study include, the concept of being, being in the world, encounters with entities in the world, being with, temporality, spatiality and the care structure. All of these tenets are addressed with regards to the focus on *Dasein*, who in the context of this study include firstly the teenage parent and secondly other human beings with whom these parents interact particularly as a service user. This explication begins firstly with the exploration of Heidegger's concept of being.

### **3.5.1 Heidegger's Concept of Being**

Heidegger's concept of 'Being' involved reformulating the question of being that had proved a challenge for earlier philosophers by challenging the concept of being

---

<sup>13</sup> 'Being' in Heidegger's terminology means the basic conditions of existence.

<sup>14</sup> In Heidegger's terminology 'beings' refers to the entities that exist in the world.

<sup>15</sup> *Da-sein* in Heidegger's terminology means being there or man's existence in the world.

as a dualism. His questioning of metaphysical understandings criticised the way 'Being' was investigated in terms of categorisation, dualism and onto theological understandings as represented by metaphysics (Thomson, 2000)<sup>16</sup>. His challenge of Cartesian dualism is especially evident in his critique of Husserl's phenomenology rejecting the notion of the human being (subject) as a spectator of objects espousing that both subject and object are inseparable (Heidegger, 1927/2011). In presenting being as inseparable, Heidegger unified the dualisms presented by earlier philosophers in their representations of 'Being' (Heidegger, 1927/2011). From this viewpoint Heidegger introduced the concept of *Dasein*.

### 3.5.2 Heidegger's *Dasein*

Heidegger introduced the concept of '*Dasein*' reflecting the notion of a 'living being' through their activity of 'being there' and 'being in the world' (Heidegger, 1927/2011; Cerbone, 2009). His use of the German word '*Dasein*' is in some passages of 'Being and Time' hyphenated to '*Da-sein*' with which Heidegger demonstrates this concept's etymological meanings. 'Da' represented within the English interpretation 'there' and 'Sein' represented 'to be' or 'being'. Thus, *Dasein's* literal English interpretation is represented as 'to be there' or 'being there'. However, while this literal translation to English has been provided, the use of '*Da-sein*' by Heidegger is not easily interpreted with further understanding of the word put forth as 'man's existence', 'openness', 'man' and 'being in the world' (Heidegger, 1927/2011; Sheehan, 1997). Despite this ambiguity Heidegger's conception of '*Dasein*' as 'being a living entity' through activity, interaction and questioning of the world makes '*Dasein*' discernible from 'being as thing'. This distinguishes Heidegger's phenomenology as a 'fundamental ontology' (Heidegger, 1927/2011; Cerbone, 2009).

*Dasein's* central activity is their enquiry into being and in particular their ability to question and focus on personal existence (Heidegger, 1927/2011). Heidegger thus represents *Dasein* as "a being whose Being is an issue for it" and "who understands itself in its Being" (Heidegger, 1927/2011, p 32). Thus, Heidegger put forth the

---

<sup>16</sup> Metaphysical understanding of being was shaped by Rene Descartes' mind and body dualism, otherwise known as Cartesian Dualism. Descartes asserted that the human being consisted of two quite unlike substances which could not exist in unity. These two substances include the mind (the thinking substance) and body (the unthinking substance).

thesis that “understanding of Being is itself a definitive characteristic of *Dasein*’s Being” presenting *Dasein* as “ontically distinctive in that it is ontological” (Heidegger, 1927/2011, p 32). In making this ontological distinction, Heidegger depicts *Dasein* as an entity that has an understanding of their own Being and possibilities. From this viewpoint Heidegger advocated that ‘*Dasein*’ is the focus of ‘being in the world’ and ‘Being’, in that this entity has the capacity to both question their world of existence and itself (Heidegger, 1927/2011). This distinguishes ‘*Dasein* as being’ from all other entities as this entity possesses the ability to actively question, explore possibilities and engage with the world. Thus, Heidegger advocated laying “bare a fundamental structure of *Dasein*” as “being in the world” by exploring “average everydayness” (Heidegger, 1927/2011, p 65).

### **3.5.3 *Dasein*’s Fundamental Structure - Being in the World**

In exploring *Dasein*’s fundamental structure of Being, that is ‘being in the world’ Heidegger highlighted that this phenomenon [being in the world] is unitary and “must be seen as a whole” (Heidegger, 1927/2011, p. 79). Heidegger presented this phenomenon as having three key constituents: ‘worldhood of the world’, ‘being in the world as being with and being one’s self’ and ‘being in as such’. In exploring the ‘worldhood of the world’ Heidegger focused on exploring what the ‘world’ is from an ontological perspective. In presenting the ‘worldhood of the world’ Heidegger critiqued Husserl’s notion of reduction, that is, the attempt to explore consciousness separate from the world in which the person is situated. Instead, Heidegger put forth the argument that understanding is achieved through worldly activity. Heidegger argued that *Dasein*’s understanding of their own being and the being of other entities encountered through concerned average everyday interactions with their world is what serves as the point of departure in investigating *Dasein*’s being (Heidegger, 1927/2011; Cerbone, 2009).

Heidegger in exploring the ‘world’ begins by asking “what can be meant by describing ‘the world’ as a phenomenon” (Heidegger, 1927/2011, p 63). Heidegger began this explication by distinguishing between entities in the world which he refers to as “things of nature” and “things invested with value” (Heidegger, 1927/2011, p 92). By making this distinction Heidegger argued that encounters with

'things of nature' revealed the 'Being' of nature which natural science had already provided (Heidegger, 1927/2011). By focusing on entities defined as "things invested with value" with which "*Dasein* proximally and for the most part dwells", 'world' in this context becomes the subjective understanding of *Dasein* (Heidegger, 1927/2011, p 92). Thus, from this stance Heidegger presented the world in two contexts, one of the common and the other of the subjective world. He therefore depicted the phenomenon 'worldhood of the world' as the interconnectivity of these defined worlds. In presenting the concept of worldhood in this manner, Heidegger provides a framework with which the world of *Dasein* could be viewed. Heidegger drew distinction between entities which *Dasein* encounters in the world as 'mere things' and entities which are 'useful'. Thus Heidegger developed the analytic of *Dasein* via their encounter with entities in the world.

#### **3.5.4 *Dasein's* Encounter with Entities in the World**

To operationalise this exploration Heidegger introduced the concept of 'equipment' as a means to distinguish entities which *Dasein* encounters in the world from 'mere things'. By making this distinction Heidegger demonstrated a demarcation between entities which *Dasein* encounters in the world which are independent to *Dasein's* existence [present at hand] and entities deemed as 'useful things' which have a specific purpose for *Dasein's* concerned activity [ready to hand] (Heidegger, 1927/2011, p. 79). In making these distinctions Heidegger highlighted that in order for an entity to be considered useful [ready to hand] the entity would firstly have to be understood as [present to hand]. What makes an entity useful is *Dasein's* use of that entity. Heidegger's most famous analogy of the 'ready to hand' concept is depicted in his descriptor of the skilled human being using a hammer:

*The less we just stare at the hammer-thing, and the more we seize hold of it and use it, the more primordial does our relationship to it become, and the more unveiledly is it encountered as that which it is—as equipment. The hammering itself uncovers the specific 'manipulability' of the hammer. The kind of Being which equipment possesses—in which it manifests itself in its own right—we call 'readiness-to-hand'.*

(Heidegger, 1927/2011, p. 98)

In describing hammering as an unconscious problem free activity, Heidegger

presented *Dasein*'s awareness as circumspective. By 'circumspection' *Dasein*'s activity while seemingly an unconscious act does not imply unintelligibility but rather highlights how aspects of *Dasein*'s everyday engagement with the world is not couched by theory. In presenting *Dasein*'s activity as circumspective, Heidegger challenged metaphysical understandings of 'being' proffering that these "unnoticed activities present a rich ontological categorical structure" missed by Western philosophy (Cerbone, 2009, p 38). Heidegger argued that the entities that present themselves as useful to *Dasein* in fulfilling its personal goal have the capacity to stand out with regards to *Dasein*'s existence (Heidegger, 1927/2011).

On the opposite side of *Dasein*'s encounter with 'ready to hand' entities Heidegger presents the concept of "unready- to -hand" as that of an entity that no longer fulfils its purpose, is missing or which stands in the way. By revealing the concept of 'unready to hand' in these modes, Heidegger demonstrates how the 'conspicuousness', 'obtrusiveness' and 'obstinacy' of an entity is revealed. What is meant by these terms with regards to an entity that is 'unready to hand' is explained as; conspicuousness of an entity that is now no longer useful for the purpose of what it is being used and obtrusiveness as a missing entity that is needed. The more obtrusive the missing entity is, the more it reveals the importance of the particular assignment for *Dasein*. Finally, obstinacy revealed an entity that is being ignored by *Dasein* but which stands in the way of the assignment or purpose of *Dasein* and which must be dealt with before proceeding.

*Dasein*'s' concerned circumspective encounter with entities that are 'unready to hand' demonstrates the lighting up of the world from an ontical perspective with regards to revealing the purpose of the entity, its assignment and the referential totality of the work associated with this assignment. This in turn revealed the totality of *Dasein*'s involvement with this entity. By exposing the 'assignment' and 'referential totality' of an entity what is revealed is a new and fresh perspective of *Dasein*'s world by revealing the worldly character of the entity (Heidegger, 1927/2011). Albeit, this perspective remains within the ontic as opposed to the ontological realm and from this stance Heidegger moved forward in his analytic of *Dasein*.

Heidegger addressed the use of signs and referentials to facilitate the means by which *Dasein*'s activity and interaction with entities in the world could be viewed. Heidegger's earlier exposure of entities with regards to their 'referential totality' demonstrated how a 'ready to hand' [useful entity] revealed a potential plethora of relational processes [the totality of involvement]. Thus, 'ready to hand' entities were viewed as relational in that they exposed an array of other useful entities, as well as the purpose, goal and activity of *Dasein*. Heidegger in introducing the concept of signs demonstrates how signs can be directional by indicating what is at hand to *Dasein* making the entity and its referential totality more explicit.

*Dasein*'s concerned circumpective interactions with entities in their world reveal the ways in which these entities become intelligible through *Dasein*'s activities, goals and purpose. This in turn reveals *Dasein*'s activity with regards to the reason or "for the sake of which" they are interacting in a chosen way with entities. This highlights an important connection between *Dasein*'s choices and possibilities in their interaction with worldly entities which reflects their way of being in their world. Heidegger thus highlighted a world that *Dasein* was already familiar with and grounded in.

Heidegger at this point of the analytic had revealed *Dasein*'s encounters with entities as 'ready to hand' in the world demonstrated by the totality of involvements which included the actions, goals and purpose of *Dasein*. The project now was to reveal the 'who' of being in the world revealing the analytic of *Dasein* through encounters with 'others', these others being other *Dasein*.

### **3.5.5 "*Dasein* With" – The Who of being in the World**

In exploring the entity that is 'the who' in the world, Heidegger explored 'the self' with regards to average everyday existence through interaction with others. In the analytic so far Heidegger demonstrated how the world was revealed via *Dasein*'s encounters with entities in their world. Heidegger continued this analytic demonstrating that via *Dasein*'s concerned circumpection with regards to entities within their world, the existence of other entities including other *Dasein* is revealed.



Thus Heidegger contended that to continue the analytic of *Dasein* one must explore ‘being in the world’ in the context of ‘being with others’ (Heidegger, 1927/2011). For this purpose Heidegger asked “who is it that *Dasein* is in its everydayness” leading on to structures of *Dasein* ‘Being with’ and ‘*Dasein* with’ [Mitsein and Mit*Dasein*] which he described as “equiprimordial [inseparable] with Being in the world,” (Heidegger, 1927/2011, p 149).

Heidegger began his explication of ‘the who’ in the world by rejecting the notion of investigating the ‘I’ in order to reveal ‘the who’ of ‘being in the world’. He highlighted that “*Dasein* is an entity which in each case is I myself; its Being is in each case mine” (Heidegger, 1927/2011, p 150). By this Heidegger rejected the notion of the ‘I’ being understood as a substance of nature [present at hand] that include qualities of the self. Instead “present at hand belongs to entities whose character is not that of *Dasein*” (Heidegger, 1927/2011, p 150). Within this everyday existence Heidegger put forth the structure of ‘being with’, that is, *Dasein*’s existence is not one of ‘being alone’ but of ‘with world’, that is ‘being with others’ (Heidegger, 1927/2011, p 152). *Dasein* is ‘thrown’ into their existence with others. Thus ‘the who’ in the world is understood as *Dasein*’s interactions, comportment and social norms as influenced by existence with others (Heidegger, 1927/2011). Heidegger depicts *Dasein*’s manner of ‘being with others’ in the world as one of ‘solicitude’. In using this term Heidegger distinguished from the notion of ‘circumspective concern’ which he associated with *Dasein*’s encounters with ‘ready to hand’ [useful things] equipment. By ‘solicitude’ Heidegger was referring to the manner in which *Dasein* encountered others. To this purpose Heidegger distinguished different modes of solicitude reflected as either considerateness or inconsiderateness.

Heidegger’s depicted *Dasein*’s existence of ‘being with’ influenced and shaped by the “they’ [das Man] (Heidegger, 1927/2011). By the “they’ [das Man] Heidegger is presenting an impersonal entity that reflects what *Dasein* views as their social reality understood by encounters with equipment [ready to hand useful things], nature and others [other *Dasein*]. Heidegger argued that in investigating ‘the who’ in the world what must be initially explored is *Dasein*’s existence with others, as Heidegger states

*The World is always the one I share with others. The World of Dasein is a 'with-world' [Mitwelt]. Being in is 'Being With' others. Their Being in themselves in the world is 'Dasein with' [Mit Dasein]"*

(Heidegger, 1927/2011, p 155).

However in using the term 'others' Heidegger does not mean every other human except *Dasein*, but reflects the identification of *Dasein* with others of similar characteristics, beliefs, norms and values. In explicating the concept of the "they" [das Man] in this way Heidegger presented the being of *Dasein* as one of everyday averageness. This averageness he depicted as 'distantiality' [the measurement of oneself against others], 'averageness' [the commonality of how things are done, viewed etc] and 'levelling down' [the removal of difference, uniqueness, individuality] (Heidegger, 1927/2011, p. 165). From this perspective Heidegger presented *Dasein's* existence as subsumed in the collective ways and views of the "they" [das Man] revealing a tendency to follow the collective norms, values and expectations of others as a way of being, that is 'publicness'. Heidegger thus argued the possibility of interpreting *Dasein* from the stance of 'publicness' that potentially denied *Dasein* selfhood, and the possibilities of existence as a unique human being. From this stance Heidegger explicated the possibilities or choices for *Dasein* of living an authentic or inauthentic existence.

### **3.5.6 *Dasein's* Choices- Authentic versus Inauthentic Existence**

Heidegger put forth the argument that *Dasein* in 'being with others' assumed a passive role in accepting without question the collective norms and value of "the they" [das Man]. This existence he posited absolved *Dasein* of personal responsibility, decision making and choice (Heidegger, 1927/2011). Within this passive role Heidegger depicted existence as being inauthentic or 'fallen'. By inauthentic existence Heidegger presented *Dasein* as an entity which conforms unquestioningly to societal norms and values, thus losing selfhood. This 'fallen' state denies *Dasein* the potential of exploring personal possibilities. This inauthentic existence he characterised as being immersed in 'idle talk', 'curiosity' and 'ambiguity'<sup>17</sup>. These concepts reflected a superficial disingenuous existence, in

---

<sup>17</sup> Heidegger represented curiosity as *Dasein* seeing their world from a superficial stance without question or thought. Idle talk reflects *Dasein's* interaction with others as superficial with regards to disingenuous discursive interactions. Finally, ambiguity includes both 'curiosity' and 'idle talk' reflecting the mode of 'being with' others in the world as a disingenuous existence.

which the collective voice, perceptions and understandings of the “they” [das Man] shape and mould *Dasein*’s existence (Heidegger, 1927/2011).

In presenting the alternative to an inauthentic existence Heidegger presents authentic existence by revealing *Dasein*’s authentic self. In exploring the opportunity for *Dasein* to discover their authentic self Heidegger introduced the concept of ‘angst’/anxiety as a mood. In ‘angst’ *Dasein* was presented as questioning familiarity and existence within their world. In questioning their totality of involvement with entities through the experience of angst *Dasein* acknowledged itself, their individuality and “potentiality for being” (Heidegger, 1927/2011, p. 232). Heidegger also presented the mood of angst in the context of *Dasein*’s acknowledgement of death. From this stance Heidegger explored the concept of *Dasein*’s ‘being toward death’ as a means to acknowledge and recognise the human being’s finite opportunity to explore personal possibilities and ‘potentiality for being’. However, it is important to note that by ‘being toward death’ Heidegger was emphasising the life journey as opposed to the physical process of dying. Heidegger demonstrated that only the unique individual can explore their potentialities. Thus, in presenting ‘angst’ Heidegger argued that this mood facilitated the freeing of *Dasein* from their inauthentic existence (Heidegger, 1927/2011). By presenting *Dasein*’s existence as having two modes, that is authenticity and inauthenticity, Heidegger was drawing distinctions between the concept of the ‘they self’ that is (that which is not mine but is part of the “they” [das Man] and ‘selfhood’ or ‘self understanding’ (that which is mine). Albeit, while Heidegger made these distinctions he was keen to acknowledge that one mode of existence did not preference the other. Rather, both modes of existence revealed existence in the context of ‘being in the world’ through encounters with entities, nature and others.

Thus, at this point of the analytic Heidegger had revealed *Dasein*’s ‘Being in the world’ as represented by the relational processes of “Being alongside the world” [*Dasein*’s circumspective concern toward entities], “Being with others” [*Dasein* manner of being with others -solicitude] and “Being one’s self” [the who in the world] (Heidegger, 1927/2011, p. 169). Heidegger continued in his analytic of *Dasein* to explicate a more primordial understanding of ‘Being in the world’ from

the perspective of *Dasein*'s 'being there' in the world.

### **3.5.7 *Dasein*'s - 'Being there' in the world**

Heidegger revisited the concept of 'being in' with the aim of "grasping the primordial being of *Dasein* itself..."(Heidegger, 1927/2011, p.169). In exploring this primordial being, Heidegger highlighted that only by *Dasein*'s existential existence in the world can "the being of the there" be exposed. In explicating the 'there' of 'being in the world' *Dasein* was presented as an entity located in the world by individual personal 'there' as opposed to an objective place or space in the world. Heidegger highlighted the existential nature of '*Dasein*'s spatiality' reflected as a mode of existence evidenced by actions through encounters with entities, nature and others in the world. Heidegger presented *Dasein*'s characteristics' of spatiality as that of 'deserverance' and 'directionality' (Heidegger, 1927/2011, p. 138).

In explicating the concept of deserverance Heidegger presented *Dasein* as a functional thinking being enacting concrete decisions and actions with regards to individual interactions with entities in the world. From this stance Heidegger demonstrated that *Dasein* was directional, that is, the person's concern was always directed toward the entity brought proximally closest through circumspective concern and actions (Heidegger, 1927/2011, p. 144). Heidegger presented the mood of *Dasein* [notably fear and anxiety] as having the capacity to disclose directionality by revealing what is of consequence or matters through their encounters with entities, nature and others in the world [that is the totality of involvement in *Dasein*'s world]. Through *Dasein*'s mood the perception or view of their world is revealed. In presenting *Dasein* as an entity that can choose personal possibilities Heidegger addressed the concept of understanding [Verstehen]. Through the process of understanding Heidegger presented *Dasein* as engaged in activities that were aimed at individual possibilities. However in order for *Dasein* to explore personal possibilities in relation to the totality of involvement in their world they must have understanding. Heidegger presented understanding as "the existential Being of *Dasein*'s own potentiality, this Being discloses in itself what its Being is capable of" (Heidegger, 1927/2011, p.184). From this stance

Heidegger demonstrated the manner in which *Dasein* ‘is there’ through their individual moods and exploration of possibilities. This in turn revealed *Daseins*’ projected disclosedness toward their world and personal possibilities (Heidegger, 1927/2011).

Heidegger continued the analytic to reveal how understanding contributed toward *Dasein*’s capacity to interpret their world. Heidegger presents ‘interpretation’ as a concept closely intertwined with ‘understanding’ in “making explicit that which was already implicitly present in understanding” (Cerbone 2009, p. 62). Heidegger presented two key structures linked with the process of interpretation; these being: the ‘as structure’ [meaning the interpretation of an entity ‘as’ something for something] and the ‘fore structure’ [revealing the prior knowledge of *Dasein* about entities in their world]. With regards to the ‘as structure’ *Dasein*’s circumspective interpretation was projected towards entities ‘ready to hand’ [useful things] revealing their purpose or function and the totality of involvement associated with this entity. “The ‘as’ makes up the structure of the explicitness of something that is understood, it constitutes the interpretation” (Heidegger, 1927/2011, p. 188). By revealing the capacity of *Dasein* to interpret their world Heidegger demonstrated that interaction with entities was not pre-suppositionless but was guided by the familiarity of everyday interaction. From this stance *Dasein* was presented as having pre-existing knowledge or “forestructure of understanding” of their world (Heidegger, 1927/2011, p. 191). Heidegger presented this ‘fore structure of understanding’ as including key structural moments; these being, forehaving, foresight and foreconception<sup>18</sup>. In presenting these three structural moments Heidegger demonstrated the capacity of *Dasein* to understand and interpret their world.

At this point in the analytic Heidegger presented *Dasein*’s capacity to have pre understanding and demonstrated that any act of interpretation was never from a purely neutral stance. Thus, *Dasein*’s existence in their world had meaning based on already existing knowledge and the interpretation of entities as something for

---

<sup>18</sup> Forehaving [meaning the knowledge *Dasein* has in advance]; foresight [meaning the ability of *Dasein* to interpret and make sense of their world based on their ‘forehaving’ knowledge about their world] and foreconception [meaning *Dasein*’s ability to make decisions based on their assumption about entities in their world].

something. By revealing *Dasein's* capacity through interpretive circumspection 'concern' and solicitude' to understand itself and their world Heidegger exposed meaningful existence based on personal understanding and interpretation (Heidegger, 1927/2011). Through these meaningful interactions *Dasein* was presented as having the potentiality to structure their possibilities, activities and potential projections (Heidegger, 1927/2011).

By presenting the concept of interpretation as enacted through *Dasein's* interpretive circumspection and solicitude Heidegger was not acknowledging the use of language as part of the interpretive process. Rather Heidegger acknowledged language through the concept of 'assertion'. Heidegger highlighted that 'assertion' communicated the characteristic of an entity that had already been 'circumspectively interpreted' (Heidegger, 1927/2011, p. 188). Communication was presented by Heidegger as a shared process that facilitated a shared means of dealing with mutually understood entities in the world. Thus discourse was portrayed as an ontological structure that revealed *Dasein's* 'being in' or 'being there' with others through the medium of articulation.

*Dasein* was thus presented as 'being in the world' through the existential unitary relational structures of; "Being alongside the world" [*Dasein's* circumspective concern toward entities], "Being with others" [*Dasein* manner of being with others -solicitude] and "Being one's self" [the who in the world] (Heidegger, 1927/2011, p. 169). This existential structure of 'being in the world' exposed *Dasein's* existence through their circumspective concern, solicitude and personal choices striving toward achieving authentic or inauthentic selfhood. *Dasein* therefore could be understood as an entity that had the capacity to be concerned about and question their very existence. From this stance *Dasein* could choose to enact a life pathway that was predominantly influenced and controlled by societal norms, values, culture or others [the they, Das Man], that is an inauthentic existence. Conversely, while *Dasein* was never fully free of the influence and control of 'the they/Das Man' it had the choice to enact an authentic existence. The means by which *Dasein* enacted this choice within it's' life pathway was by questioning their individual life, existence and potentiality. In this way what *Dasein* cared about was exposed as the "structural totality of being in the world"

(Heidegger, 1927/2011, p. 227).

### **3.5.8 Care: “the Structural Totality of Being in the World “**

Heidegger explicated the care structure as “*Dasein*’s primordial totality of Being” (Heidegger, 1927/2011, p. 227). Care was presented as the umbrella term that encompassed the key elements of *Dasein*’s existence with regards to individual circumspective concern and solicitude (Heidegger, 1927/2011). Heidegger argued that “*Dasein*’s being reveals itself as care” (Heidegger, 1927/2011, p. 227). Through the explication of the care structure Heidegger prepared “the way for the problematic of fundamental ontology- the question of the meaning of being in general” (Heidegger, 1927/2011, p. 227). Heidegger thus presented the structure of care as the “existential totality of *Dasein*’s ontological structural whole” (Heidegger, 1927/2011, p. 237). This care structure was presented in the context of three temporal primordial notions representing the past, present and future aspects of *Dasein*’s existence. However, while these were presented in a clockwise sense of chronological time, Heidegger did not intend for this sense of *Dasein*’s temporal existential time to be interpreted in this mode. Heidegger presented the care structure as that of future to past to present (Heidegger, 1927/2011).

In this manner of presentation Heidegger acknowledged *Dasein*’s temporal existential time as ‘being ahead of itself’ [future], ‘already being in a world’, [past] and finally ‘being alongside’ [present] in the world (Heidegger, 1927/2011, p. 236-237). By initially presenting *Dasein* as ‘being ahead of itself’ Heidegger acknowledged that “*Dasein* is an entity for which, in its Being, that Being is an issue” for it (Heidegger, 1927/2011, p. 236). By explicating Being as an issue for *Dasein* Heidegger demonstrated the manner in which *Dasein* is concerned with their future possibility and potentiality. The manner of *Dasein*’s concern is revealed through the mood or state of mind of ‘angst’ [anxiety]. “Anxiety throws *Dasein* back upon that which it is anxious about- its authentic potentiality for Being in the world” (Heidegger, 1927/2011, p. 232).

In this care for their future potentiality *Dasein* in their present existence finds itself in a state of ‘thrownness’ that is existing in a world into which they were born with

already existing norms, values and culture. From this stance of 'thrownness' *Dasein* is 'already in a world' which Heidegger demonstrated as representative of *Dasein*'s past. In unifying both *Dasein*'s future and past existence within the care structure he demonstrated that *Dasein* in Being is "ahead of itself already being in a world" (Heidegger, 1927/2011, p. 236). In 'already being in the world' Heidegger was demonstrating *Dasein*'s 'being with' other *Dasein* as reflected in their solicitude toward others. Within the context of 'being with' Heidegger explicated *Dasein*'s choices of 'being ahead of itself' with regards to their individual care in enacting a potentially authentic, inauthentic or undifferentiated existence. From this stance Heidegger was demonstrating the fallenness of *Dasein* 'already being in the world' and 'being with' other *Dasein*. In this fallenness *Dasein* demonstrates care in choosing their possible potentiality.

What Heidegger achieved in unifying *Dasein*'s potentiality, thrownness and fallenness was to demonstrate factual existence. From a factual stance *Dasein* through both understanding and interpretation acknowledges encounters with entities through circumspective concern, solicitude and care as purposeful. This reveals the human being's purpose, that is 'for the sake of which' and 'in order to' with regards to their future potentiality. Thus, within the tautology of concern, solicitude and care *Dasein*'s 'being in the world' was exposed as one of "essentially care" (Heidegger, 1927/2011, p. 237). In explicating *Dasein*'s care structure Heidegger was demonstrating the life pathway of *Dasein* from a temporal stance. In the context of temporality Heidegger exposed *Dasein*'s existence "from its beginning to its end..." (Heidegger, 1927/2011 p. 276). From this stance Heidegger exposed the hermeneutic circle of interpretation that involved an ever evolving interpretation of *Dasein*'s future, past and present. This circle of interpretation represented Heidegger's method of interpretation.

### **3.5.9 Heidegger's Method- The Forestructure of Interpretation**

Heidegger put forth an "existential analytic of *Dasein* which must remain the first requirement in the question of being" (1927/2011, p 37). Heidegger's focus on both understanding and interpretation provided the opportunity to conduct this analytic acknowledging interpretation as a way of accessing *Dasein* that facilitated



this entity to “show itself in itself and from itself” (1927/2011, p 36). Within Heidegger’s ‘fore structure of understanding’ he provided the opportunity for interpretation to explore *Dasein*’s existence through the structural moments of forehaving, foresight and foreconception from the emic perspective (Heidegger, 1927/2011). From this stance Heidegger explicated the concept of interpretation as being an integral part of ‘being in the world’ acknowledging presupposition as a concept that formulated part of *Dasein*’s existence (Heidegger, 1927/2011). Albeit, while Heidegger did not make clear a method for phenomenological research, his focus on interpretation has facilitated interpretive research methods to reveal and express the human experience (Van Manen, 1990; Omery, 1993; Benner, 1994; Koch, 1996, 1999; Caelli, 2001). Heidegger opened the ontological Pandora’s Box of interpreting Being, depicted as *Dasein*’s ‘understanding of its being’ (Heidegger, 1927/2011). His ideals of phenomenological description, discourse, language, interpretation and understanding has paved the way in the development of hermeneutical phenomenology which includes both the hermeneutical art and science of interpretation of written text (Gadamer, 1975; Ricoeur, 1976; Ezzy, 2002) and the phenomenological exploration of being as understood through lived experience (Crotty, 1998; Heidegger, 1927/2011).

Subsequent development of hermeneutical phenomenology included Gadamer’s (1975) which acknowledged interpretation as a ‘fusion of horizons’ representing an interpretive discussion between both the interpreter and the text. This form of interpretation acknowledged that meaning was provided by the written text and recognised a hermeneutical form of interpretation (Gadamer, 1975). Ricoeur’s ‘theory of interpreting text’ reflected a marriage of both Heidegger’s phenomenology and Gadamer’s hermeneutics through the development of his ‘hermeneutical arc or arch’, which provided a method of interpreting text to reveal understanding (Ricoeur, 1976). The subsequent section now explores Ricoeur’s theory of interpreting text as this is the method chosen to analyse the written text of the interviews in this study.

### **3.6 Ricoeur’s Theory of Interpreting Text- The Hermeneutical Arc**

Ricoeur’s theory of interpretation reflects Heidegger’s notion that understanding

incorporates interpretation (Heidegger 1927/2011; Ricoeur, 1976). From this stance Ricoeur put forth his theory of interpreting text which he described as the “hermeneutical arc” building on Heidegger’s presentation of the hermeneutic circle (Ricoeur, 1976). In initially presenting his hermeneutical theory Ricoeur argued that “the dichotomy between understanding and explanation...is both epistemological and ontological” and put forth his view of interpretation as “... a particular case for understanding” (Ricoeur, 1976, p.73). It is “understanding applied to the written expressions of life...” (Ricoeur, 1976, p.73).

By marrying both the epistemological processes of interpretation and recognizing the ontological stance of the interpreter during the research process Ricoeur provided an opportunity to develop intersubjective knowledge (Ricoeur, 1976). From this stance Ricoeur argued that the subjective articulation of the speaker and the objective significance of what the speaker means is the function of interpretation (Ricoeur, 1976; 1991). In explicating his interpretive theory Ricoeur explored the key characteristics of language as discourse (Ricoeur, 1976). Ricoeur drew on the work of Ferdinand de Saussure [1887-1913] whose work on language developed two components, these being *langue*<sup>19</sup> and *parole*<sup>20</sup>. Within the presentation of language as a collective community system of codes or codings [*langue*] language was viewed as systematic, anonymous and collective, representing the collective as opposed to the individual. Conversely language [as *parole*] represented the individual articulation of the person via the act of speaking. Ricoeur substituted de Saussure’s term ‘parole’ with the term ‘discourse’, his aim in making this substitution was to distinguish “between semiotics [*langue*] and semantics [*parole*] by demonstrating “two kinds of units characteristic of language, the sign and the sentence” (Ricoeur, 1976, p. 7). In making this distinction, Ricoeur argued the existence of a hierarchical order in language with the science of signs [semiotics] viewed as collective coding that is “merely virtual” and the sentence [semantics] viewed as actual, representing the “very event of speaking” (Ricoeur, 1976, p. 7). In making this distinction Ricoeur gave recognition to the individual articulating the spoken word through speaking. The means by which Ricoeur’s theory facilitates the process of interpretation was by distancing, appropriation,

---

<sup>19</sup> *Langue* is the abstract use of collective recognizable language codes used by the collective speech community.

<sup>20</sup> *Parole* is the individualized process or act of speaking by a person.

explanation, understanding, and interpretation (Ricoeur, 1976; 1981).

### **3.6.1 Distanciation**

In using the process of distanciation, Ricoeur advocated the notion of remaining objective in relation to the written text. Ricoeur made a clear delineation between discourse and text and put forth text as being speech now written, as structured work, as the presentation of the speakers' world and as mediation between the written text and self-understanding. Ricoeur took the view that the individual speaking was "someone saying something to someone" (Ricoeur, 1976, p. 75). He defined "saying something" as being representative of the meaning; "about something" as representative of the reference and "to someone" as representative of the address (Ricoeur, 1976, p. 75). Thus within discourse Ricoeur gave recognition to the speaker [*Dasein*], listener [other *Dasein*] and the interpretive process of discursive interaction (Ricoeur, 1976). Speech was therefore viewed as a language event (Ricoeur, 1976, 1991). By distinguishing speech in this manner Ricoeur noted key traits of speech as a language event, in that it acknowledged the temporal moment of spoken discourse. This distinguished speech from language represented as collectively understood codes that extended beyond the context of a specific time. Thus discourse was time bound and understood in the context of a specified time period.

Another key trait was that discourse referred to the individual speaking unlike language which was indiscriminate. Thus, discourse was viewed as referring to the self (the speaker) and was subjective from this stance. From the stance of the subjective speaker discourse revealed a world through the speaker's descriptions, expressions, explanations and overall articulation. Finally in the act of discourse the speaker always revealed their world to another. In presenting discourse as a temporally contextualised time, subjectively shared event Ricoeur distinguished between spoken (discourse) and written (text) language (Ricoeur, 1976; 1986; 1991).

By asking 'what is a text?' Ricoeur drew distinction between language as speech and written language as text (Ricoeur, 1991, p 105). Ricoeur argued that "a text is discourse fixed in writing" and asked "what is fixed by writing?" (Ricoeur, 1991

p. 106). Here he returned to the traits of discourse as an event. Within this event discourse was temporally present occurring during the discursive interaction, fleeting in the context of the time it occurred. By comparison writing fixed what was 'said' of speaking as opposed to the actual speech event. Thus, from this stance Ricoeur led on to explicate "what is said?" in speech. Here Ricoeur debated the theory of the speech act presenting three key levels, these being, the act of saying [locutionary act], what is done in saying [illocutionary act] and what is done by saying [perlocutionary act]. Ricoeur highlighted some key differences between the spoken discourse and written text demonstrating that once what is said in speech is written, some elements of the speech act especially what is done by saying [perlocutionary act] is difficult to capture in the written word. Thus the written word potentially altered some traits of live discourse when converted to text (Ricoeur, 1976; 1986; 1991).

In presenting this differentiation Ricoeur demonstrated an initial distancing that occurs when live discourse is written in text with subtleties such as non-verbal cues, gestures and verbal intonations with meanings being changed in the context of the subsequent reading of written text (Ricoeur, 1976; 1986; 1991). Ricoeur drew further distinctions when speech is written as text with regards to the subjectivity of the speaker in live discourse and the discursive context driven interaction between the speaker and the listener. When live discourse is converted to text, Ricoeur presented a further alteration with regards to the intention or meaning of what the speaker was trying to say and what the listener had interpreted from what was said. Thus, Ricoeur presented dissociation between the intended meaning of the speaker [author] and the verbal meaning of the text (Ricoeur, 1976; 1986; 1991).

A further distinction Ricoeur drew between discourse and written text was with regards to the notion of discourse representing the world of the speaker and the listener involved in the discursive interaction within the context and time of the event. When represented as text this contextual world was now distanced from its original audience to potentially anyone who can read. Thus, Ricoeur put forth the argument that writing speech into text projected this world to a broader audience allowing for broader objective interpretation (Ricoeur, 1976; 1986; 1991).

Thus, in drawing these distinctions between live discourse and written text Ricoeur freed the text from the subjective intention or meaning of both the speaker of the discourse and the writer of the text. Text in this instance became an autonomous entity; the world of the text became a projection that is now opened to the possibility of objective interpretation (Ricoeur, 1976; 1986; 1991).

The final distinction Ricoeur made was with regards to the interpreter of the written text. The world within the text which was now open to interpretation offered the reader [interpreter] an opportunity to explicate their potential meanings from the world of the written text. This process Ricoeur named as appropriation (Ricoeur, 1976; 1986; 1991).

### **3.6.2 Appropriation**

Ricoeur initially presented appropriation as the ability of the reader to encounter the world of the text and appropriate meaning;

*In so far as the meaning of a text is rendered autonomous with respect to the subjective intention of the author, the essential question is not to recover behind the text, the lost intention but to unfold, in front of the text, the world it opens up and discloses.*

(Ricoeur, 1991, p. 35).

From this stance interpretation involved appropriation of the meaning of the text as it presented itself. This involved from the perspective of the interpreter the capacity to open up to the 'world of the text' as to what it initially presents and to incorporate this understanding through a process of self-development or enhanced new knowledge. Hence new understanding is facilitated through what the text initially reveals [that is in front of the text] and through questioning the text as to potential meaning. This process exposes the ontological perspective of interpreting the lived experience. Thus, through the process of appropriation the interpreter "*makes one's own what was initially alien*" facilitating the interpretation of "*the meaning of the text*" (Ricoeur, 1981, p 185).

Ricoeur described the hermeneutical arc or arch of movement from understanding to explanation and from explanation to understanding acknowledging three key stages including; naïve reading of the text and structural analysis that includes naïve

understanding and depth understanding that facilitated interpretation (Ricoeur 1976; 1991). The practical application of Ricoeur’s theory is presented in chapter six of this study. The following section now presents interpretation as understood in this study which is underpinned by Heidegger’s phenomenological tenets and Ricoeur’s theory of interpretation (Heidegger, 1927/2011; Ricoeur, 1976)

### 3.7 Interpretation as Understood within this Study

Heidegger and Ricoeur’s tenets are presented as to how they supported the interpretive process in this study. The following précis (Table 3.1) outlines these tenets considered during the processes of collecting, interpreting and analysing the data.

**Table 3.1 Tenets Considered for Interpretation in this Study**

Tenets	Considerations linked with interpretation in this study
<p><b>Forestructures of Understanding</b></p>	<p><i>Participants’ forestructures</i> Viewed in this study as “being in the world” factually as a teenage parent service user with presuppositional knowledge of this lived experience</p> <p><i>Researchers’ forestructures</i> Viewed in this study as “being in the world” factually both personally and professionally, with recognition of implications of this presuppositional knowledge throughout the research process.</p>
<p><b>Discourse Structure</b></p>	<p>Concept of discourse viewed in this study as the opportunity to illuminate the participants’ views and experiences, emphasizing both understanding and interpretation through shared language. Acknowledged discourse as teenage parents’ [Dasein] capacity to meaningfully articulate their personal understanding and interpretation of ‘being a teenage parent service’ in a shared collaborative fashion with the researcher [other Dasein]</p> <p>The chosen method of collecting data in this study reflected the linguistic process of a co-created interview that explored the phenomena of ‘being a teenage parent service user’. Ricoeur’s notion of discourse as a co-created process involving both the speaker (participant) and the listener (myself as researcher) facilitated the exploration of the phenomena of being a teenage parent service user. The opportunity to view the transcribed interview text as discourse now fixed in writing facilitated the interpretation of the world of the text to understand this phenomenon.</p>

Heidegger’s concept of interpretation was applied in this study recognizing presuppositional understandings that both the participants and myself as researcher already possessed. Koch highlights the importance for researchers

*...to explore and articulate their ontological and epistemological*

*position before commencement of an interpretive inquiry. Understanding your own reality means that when you generate data you have already made a decision about how knowledge is created or understanding is advanced, the way in which you will proceed with data analysis and how the final research product might appear.*

(Koch 1999, p. 33).

Within this study the epistemological viewpoint of the subjectivity of the research participants is acknowledged (Weaver and Olson, 2006). Thus, the interpretive process of interviewing the participants is viewed as a shared endeavour between both the participants and myself as researcher acknowledging the epistemological viewpoint of intersubjectivity (Weaver and Olson, 2006). The ontological stance reflects the exploration of the participants' lived experience as teenage parent service users, meaning is therefore explored acknowledging the potential for multiple realities that can be revealed by participants' accounts and in the interpretation of their experience (Weaver and Olson, 2006; Welford et al., 2011). Thus, the stance taken is the recognition that through co researching both the participants and myself bring our individual presuppositional knowledge or as Heidegger would express it, *forestructures* of understanding'.

The opportunity to illuminate the participants' *forestructures* is therefore acknowledged in this study through exploring with participants their emic views and experiences of being a teenage parent service user. I also present in the subsequent section my presuppositional knowledge/*forestructures* utilising the key constituents of Heidegger's unitary phenomenon of 'being in the world'. My reflections on my presuppositional knowledge was done prior to entering into the process of interviewing participants and also throughout the research process of collecting, analysing and discussing data findings (Heidegger, 1927/2011; Ricoeur, 1976). The following explores my reflections with regards to both the participants' and my personal presuppositional knowledge.

### **3.7.1 Recognising Participants' *Forestructures* in this Study**

The participants' 'forestructures' is initially considered in the context of recognizing participants as Beings 'in their world' as teenage parent service users. To explicate the concept of 'being' in this regard, the stance taken is that teenage

parents have an innate understanding from their personal lived experience of being service users of universal child and family healthcare services. Participants are therefore viewed as possessing an innate knowledge of what being a recipient of these services mean for them.

Exploration of ‘the who’ in this study, that is *Dasein* [the teenage parent] and their perspective of ‘being a teenage parent service user’ formulates the overarching aim of this study. By exploring the experiences and views of these participants the aim is to illuminate the views of this population group and ‘give voice’ to their emic perspective. The opportunity to illuminate participants’ viewpoints is regarded as making explicit their ‘*forestructures* of understanding’ with regards to ‘being a teenage parent service user’. As this study is a shared intersubjective endeavour between both the participants and me the researcher; I also make explicit my ‘*forestructures* of understanding’ before entering into the research relationship and throughout the entire research process (Heidegger, 1927/2011).

### **3.7.2 Reflexivity – My ‘Being in the World’**

The concept of achieving and maintaining a heightened awareness of presuppositional knowledge reflects the Heideggerian concept of acknowledging ‘forestructures of understanding’ that exist for me as a ‘Being’ in the world (Heidegger, 1927/2011). Thus, the Heideggerian concept of maintaining a heightened awareness of presuppositional knowledge was accepted with a view to keeping to the foreground how my forestructural knowledge could impact on the research process and overall findings (Finlay, 2008). I view my role as researcher as being one of interpreter, reflecting a subjectivist stance (Guba, 1990). Inherent within this role is the recognition of my personal presuppositional knowledge of ‘being in the world’ that could potentially affect my interpretations and understanding of participants’ views, experiences and interpretations (Crotty, 1998; Guba, 1990; Paley, 2005).

I view the process of data collection as a shared activity involving the process of discourse that is shared between the speaker [the research participants] with another [me the researcher] (Heidegger, 1927/2011; Ricoeur, 1976, 1986, 1991). I view



data analyses as interpreting the 'world of the written text' with the aim of exploring the phenomenon and meaning of 'being a teenage parent service user' (Heidegger, 1927/2011; Ricoeur, 1976, 1986, 1991).

In order to achieve a personal heightened awareness of my presuppositional understanding and maintain an open stance throughout the research process Heidegger's unitary phenomenon of 'being in the world' was used. The following section reveals my reflective account of these personal understandings. This reflection was undertaken before I entered into the intersubjective process of conducting this study and was maintained throughout the research process.

### **3.7.3 Encounters with entities in my world**

Within the context of this study my reflection on my encounters with 'entities in my world' reveal for me what I view as limited knowledge about the participants. From a personal perspective as a woman who married in her thirties and has one child I feel my knowledge and experience of 'being a parent' reflects a personal understanding from the perspective of being an adult parent. In considering my knowledge of 'being a teenage parent' from this personal life experiential stance I feel that this knowledge does not predispose me to potentially influencing the interpretive process.

### **3.7.4 Perceptions of 'the who' in my world**

My considerations of 'the who' in my world projected my reflections on myself from a professional stance and of 'the who' I am researching in this study. In considering my professional 'who', I acknowledge that my experience as a nurse, midwife, health visitor and public health nurse has instilled a professional knowledge of teenage parents and parenthood. This knowledge has the potential to influence the interpretive process of revealing the participants world during data collection and analysis. From this professional stance my knowledge of teenage parents reflects a number of mixed opinions. In particular my experience as a health visitor involved dealing with issues of vulnerability and child protection that were often linked with parents who were teenagers that needed a considerable degree of support and intervention. Alternatively, my experience as a midwife and

public health nurse reveal for me an understanding of teenage parents that I perceive of as competent, capable parents. Reflecting on the initial focus of this study addressing teenage parents' views and experiences as 'service users', I feel I have to maintain a heightened awareness of my experience as a public health nurse. This includes my knowledge of universal child and family health services and of the public health nurses role and function.

### **3.7.5 My 'being there' in the world**

Again within the context of this study my personal 'being there' in the world involves for me reflecting on my 'being there' as a mother and as an adult parent. This personal knowledge shapes my perceptions of what parenthood means for me. For me parenthood represents both joys and challenges. Joy in the sense of the immense pleasure of having a child, of receiving and giving unconditional love and of seeing my child develop and grow. Challenges in the sense of realising that parenthood brings with it an incredible sense of responsibility in ensuring you are providing in every way for your child to help them grow to be the best human being they can be.

My personal 'being there' as a mother and parent prompted me to consider my assumptions of what 'being there' as a parent for the participants might entail. This aspect of my reflection highlighted to me some surprising insights. I imagined the role of being a teenage parent as being both challenging and difficult. While I view teenage parents as being capable to be proficient parents, I also recognise in my views a perspective that these parents may need additional supports and help. In questioning why I might have this viewpoint, I concluded that both my personal and professional insights influenced my perspective of teenage parenthood.

In considering the insights my reflections revealed to me of my 'being in my world' I made a list of these personal insights with a view to maintaining a heightened awareness of my presuppositional knowledge (forestructures) throughout the research process. These considerations are outlined in table 3.2. In acknowledging my forestructures before entering into the research process I felt able to maintain an openness to hear and listen to the articulated world of the participant. This

stance was maintained during data collection, analysis and discussion of findings (Heidegger, 1927/2011; Ricoeur, 1976; 1981).

**Table 3.2 My Personal Forestructures of Understanding**

	<b>My Personal Forestructures of Understanding</b>
<b>Professional Knowledge and Experience</b>	<p><i>Mixed views of the Teenage Parent</i></p> <ol style="list-style-type: none"> <li>1. Needing additional supports and interventions with regards to their capacity/competence to parent.</li> <li>2. Competent, capable parents who are proficient in their parental role</li> </ol> <p><i>Universal child and family Health Services</i></p> <ol style="list-style-type: none"> <li>1. Awareness of the structures and processes linked with provision of this service</li> <li>2. Professional knowledge of the key role and function of the public health nurse</li> </ol>
<b>Personal Knowledge and Experience</b>	<p><i>Personal experience of being a mother and a parent</i></p> <ol style="list-style-type: none"> <li>1. Both beneficial and challenging</li> </ol> <p><i>Reflection revealed assumptions about being a teenage parent that were predominantly negative</i></p> <ol style="list-style-type: none"> <li>1. Challenging and difficult for teenage parent</li> <li>2. While teenage parents are capable parents they may need extra support/ intervention.</li> </ol>

### 3.8 Conclusion

This chapter has presented the theory underpinning the phenomenological focus of this study. It represents the initial focus of this study in adapting the interpretive hermeneutical approach to reveal subjective lived experience. As debated this initial conceptualisation was shaped by my personal belief in giving voice and hearing the views of the teenage parents who participated in this study. However, as debated in my reflections, this focus reveals one side of the coin in exposing the subjective viewpoint. In understanding both the subjective and the objective realm equally the following chapter outlines the rationale in adapting critical realist principles through the use of Derek Layder’s Theory of Social Domains (Layder, 1997).

## **Chapter 4: Adapting Critical Realist Principles in this Study**

### **4.1 Introduction**

This chapter presents the adaptation of critical realist principles in this study through the use of Layder's (1997) Theory of Social Domains. The chapter outlines the principles of critical realism and the rationale for adapting these. The chapter also provides a rationale for the use of Derek Layder's theory through the exploration of the structure agency debate. Finally, the chapter explores the concept of power as understood from the perspective of Layder's theory and Lukes' dimensions of power. Power as a concept is also addressed with regards to its affect on the processes of empowerment. This is included as this was considered to be a key aspect of the participants' experiences of being a teenage parent service user. The chapter begins by providing a rationale for adopting critical realist principles in this study.

### **4.2 Rationale for Adopting Critical Realist Principles in this Study**

As previously highlighted (see chapter 1.5) the phenomenological findings revealed the need to explore in more depth the affect the participants' social existence had on their personal lived experience. In the context of what was revealed in this study's phenomenological findings the decision to adopt critical realist principles was taken to further explicate 'depth understanding' of the impact social structures have on the meaning of the participants' lived experience. This reflects an incremental approach within this study, building on what has been revealed in the findings to further explicate 'depth understanding' (Ricoeur, 1976, 1981; Bhaskar, 1989).

The rationale for adopting critical realist principles reflects the focus within this approach that acknowledges interpretive epistemology as part of a layered ontology (Bhaskar, 1989; Archer, 1995; Layder, 1997). This epistemology addresses the interplay and interdependence between events, structures and causative mechanisms that shape social existence (Bhaskar, 1989; Archer, 1995; Layder, 1997). Thus, the use of critical realism in the context of what this study initially revealed from a phenomenological perspective facilitates an ongoing incremental development of the exploration of participants' existence as health service users. The focus of this ongoing exploration now reflects the aim of reaching ontological depth with regards to this revealed existence through the use of critical realist principles (Bhaskar, 1989;

Archer, 1995; Layder, 1997). These principles acknowledge that; society and people exist mutually in a social world; mechanisms [structures] have potential to impact on existence and the human being as actor/agent may not always be aware of the impact broader social structures have on their existence (Bhaskar, 1989; Layder, 1997).

A further consideration in adopting these principles was the ethos evident within critical realism, which acknowledges that society and people while being independently identifiable are mutually interdependent (Bhaskar, 1989; Layder, 1997). This approach acknowledges epistemology (that is knowledge) as being both distinct and different from ontology (that is being or existence) (Bhaskar, 1975; 1979).

Bhaskar (1975) outlined realms of reality, which he depicted as key layered domains, these being, the actual, real and empirical. The *empirical* depicts observable experiences or that which is sensed by the human being, the *actual* depicts events that have been created by mechanisms (structures) and the *real* depicts the mechanisms (structures) that have created or caused the actual event. Critical realism therefore recognises and combines realist ontology with interpretive epistemology (Bhaskar, 1989; Archer, 1995; Layder, 1997). This reflects a reorientation of the relationship between ontology and epistemology, recognising the imperative to analyse what exists (ontology) in the context of what can be known and understood (epistemology) (Bhaskar, 1989; 1979; 1975; Archer, 1995; Layder, 1997). From this viewpoint, distinctions can be made between the actual event and the exploration of the causative mechanisms that contributed to the creation of the event.

The adaptation of critical realist principles in this study facilitated acknowledgement of the reality of the lived experience put forth by participants. These principles also facilitated the exploration of social structures that contributed toward the meaning of this lived experience (Bhaskar, 1989; 1979; Layder, 1997). Thus, within this study critical realism recognises the use of interpretive phenomenology that revealed the emic lived experience of the participants (Heidegger, 1927/2011).

Critical realist principles facilitated the use of Layder's (1997) Theory of Social Domains that acknowledges a layered ontology recognizing both individual agency and social structures as potential causative mechanisms that shape the revealed experience. From this renewed viewpoint the following section presents the

understandings evident within the literature that debates agency and structure and its application in research. In presenting this debate the rationale with regards to the use of Layder's (1997) Theory of Social Domains in this study is made evident.

### 4.3 Agency and Structure

The literature particularly within the field of sociology and social science reveal ongoing debates with regards to structure and agency or, indeed, the social connection between individuals and the social processes that make up part of their existence (Giddens, 1984; Archer, 1995; Layder, 2006). This debate reflects a discourse on the primacy of either structure (Marx, 1859/1978; Durkheim, 1895/1938; 1912/1995; Parsons, 1951; Althusser, 1971) or agency (Cooley, 1902; Weber, 1922/1978; Schutz, 1932/1967; Mead, 1934; Goffman, 1961; 1971; Blumer, 1969) or a balance between the two positions (Berger and Luckmann, 1967; Bhaskar, 1975; Giddens, 1984; Archer, 1995; Layder, 1998; 1997). Adding to and even fueling these debates is the understanding of what social structure actually is (Lopez and Scott, 2012). These debates reflect an ongoing ontological discussion with regard to understandings of the social world and its determinative effects on individual agency and behaviour (Archer, 1995; Layder, 2006).

#### 4.3.1 Primacy of Structure

Lopez and Scott (2012, p. 3) initially identify the co existence of two key conceptualizations of social structure, these being, firstly 'institutional structure' that include "*cultural or normative patterns that define the expectations that agents hold about each other's behavior and that organize their enduring relations with each other*". Secondly, 'relational structure' that comprise of "*the social relations themselves, understood as patterns of causal interconnection and interdependence among agents and their actions, as well as the positions they occupy*".

In putting forth both of these definitions Lopez and Smith (2012), in their initial debate of what social structure is understand this concept as a means to portray the patterns and organisation of structural aspects of social life. This understanding arguably reflects the ongoing debates of this concept first developed within classical sociology, which highlighted the primacy of structure in the organisation of social life. Within classical sociology the development of both structuralism and functionalism saw the evolution of the viewpoint highlighting the primacy of

society's structure and function over the agency of individuals' existence within society. One of the key theorists in the development of the structuralist approach was Karl Marx who argued that the economic base of a society as a mode of production was deterministic of the individuals' activity in their social world. For Marx, human beings' consciousness or thoughts are influenced primarily by the economic and political circumstances within which they live. He, therefore, argued for the effect of ideology reflecting the beliefs, values and opinions associated within economic and political circumstances that shapes the individual's understanding of their existence. Marx depicts his understanding of the deterministic influence of social structure on the human being as follows:

*It is not the consciousness of men that determines their being,  
but, on the contrary, their social being that determines their  
consciousness.*

(Marx, 1859/1978, p.4).

Within this argument Marx offers a view of society that is determined by the effectiveness of its economic productivity reflecting the collective social as opposed to the individual understanding of society.

In the same vein the debate from a functionalist perspective with regards to the primacy of structure highlighted by Émile Durkheim reflects a view of the social world in which society functioned *sui generis* [of its own kind], that is society exists in and of itself (Durkheim, 1912/1995). Here society is interpreted as a series of 'social facts' which include collective relationships and representations that formulate the building blocks of social structures. Durkheim put forth the concept of 'social facts', which included accepted behaviours or ways of acting, thinking and feeling that act as constraints over societal members. These recognised modes of behaviour Durkheim argued preexisted the individual being born into a society and continues after their demise, thus the individual is socialized into the values, beliefs and norms evident within their society. Durkheim therefore contended that 'social facts' act as a constraint on individual action binding the human being to the laws, structures and processes that already exist in their society (Durkheim, 1912/1995). Thus, for Durkheim the concept of the individual self is viewed as that which is interwoven with the individuals' social and historical existence. These external social and historical structures are internalized by actors resulting in an assimilated existence where actions are automatically and instinctively shaped by the

internalized influence of their social structures. From this viewpoint Durkheim regards the individual in society as one that is:

*...dominated by a moral reality greater than himself; namely, a collective reality.*

(Durkheim, 1897/1952; 38).

Thus, for Durkheim society is to be explored and understood from the perspective of collective consciousness. From his perspective in order to understand the individual the exploration of the social forces that determine their existence must be understood. From this viewpoint the notion of the autonomy or indeed agency of the individual is negated to one of dominance, control and socialisation by structures within their social world.

Other key theorists that acknowledge the primacy of structure underlying the ideals of both structuralism and functionalism included Talcott Parsons whose system theory of action highlights the functionalist role of society in maintaining social order, stratification and equilibrium (Parsons, 1940; 1951). Parsons' representation of social structure reflects the notion of a patterned system that incorporates social relationships of human beings [actors] in society. These accepted patterns of interaction were highlighted by Parsons as the social institutions that reflect the overall framework of a society. Thus for Parson social institutions depict:

*the normative patterns which define what are felt to be, in the given society, proper, legitimate or expected modes of action or of social relationship.*

(Parson, 1940, p.53).

For Parsons the concept of social structures and processes influence social order through the conformity of individuals to social norms, beliefs and expectations. As such, Parsons (1951) argued that cultural norms reflect the knowledge people as a society have in common. These universally understood norms are reproduced through communication between people in a given society and through generational transition. As such these commonly understood norms contribute to the effective socialization of a person into their society. Through this socialization process the individual's personality and actions are shaped in a manner that requires of them to conform to these commonly accepted and collectively understood norms (Parsons,



1951). Parsons (1951) goes further to argue around the inherent power of cultural norms, reflecting the ideal of either reward or punishment linked with the persons' conformity to what could be explained as the unspoken rules of society. His acknowledgement of structural power in rewarding conformity through the recognition of effort highlights the key influence macro-elements of society have over micro-elements such as individual agency. His argument recognises the notion of human beings' agency as one of being a socialized subject who passively conforms to the influence of societal norms, values and belief systems.

Another key theorist offering what could be viewed as a radical view of the primacy of structure is Louis Althusser. Althusser (1971) argued that both structure and social relations have clear primacy over human consciousness. Within Althusser's (1971) concept of social structure and its influence on the subject there appears to be no recognition or capacity for the subject's agency to be recognised. His notion of interpellation presents a view of subjectivity being called into existence by the authoritative power of the social structures in which the human being exists. Althusser's famous example of the police officer hailing an anonymous individual depicts his concept of interpellation. Althusser argued ideological authority in society summons subjectivity into existence. Thus, for Althusser it is solely societal structures that mould and shape the human being's activity reflecting a process of subjection. Althusser (1971) accordingly rejects the notion of subjective autonomy 'decentering the subject' from social analysis and giving primacy to structure.

Overall structuralism and functionalism are viewed as bringing to the fore the impact structural features have on agency. However, in bringing this understanding to the fore structural functionalism was viewed by its critics as underplaying the autonomy of human beings' agency and giving primacy to the affects of structure on social existence and activity (Cooley, 1902; Mead, 1934; Blumer, 1969; Giddens, 1979; 1984, Layder, 2006).

Giddens (1979, p.52) in particular rejects the notion of 'methodological holism' in solely depicting the primacy of structure in social analysis arguing that for Parsons actors are depicted as "*cultural dopes*" while Althusser's actors are described as "*structural dopes*". Similarly, Layder (2006, p.48) highlights the work of structuralists such as Althusser and Parsons as viewing "*social activity as an almost*

*‘automatic’ reflection of the determining effects of the social structure*”. In particular, he argues some structuralist viewpoints are evidence of extremist views in ‘decentering the human being’ with the rejection of subjective accounts within social analysis. Thus, in some instances structuralism has been accused of “abandoning the subject” in giving primacy to the objective aspects of the social world (Layder, 2006).

The primacy of structure can therefore be seen as one type of understanding, which highlights the notion of ‘methodological holism’ reflecting an understanding that human beings or actors are shaped and molded by their existence within the confines of social structures (Marx, 1859/1978; Durkheim, 1895/1938; 1912/1995; Parsons, 1951; Althusser, 1971). However, as Lopez and Scott (2012, p.10) highlight:

*the attempt to theorize a distinctively social form of organisation through the concept of social structure threw up a problem that has remained a contentious point of debate in the human sciences until the present. This is the question of whether a social structure has an existence independent of the human beings that are its ultimate elements.*

Thus, a counter argument to this worldview is advocated by theorists who give primacy to agency reflecting the ideal of ‘methodological individualism’ (Cooley, 1902; Weber, 1922/1978; Schutz, 1932/1967; Mead, 1934; Goffman, 1961; 1971; Blumer, 1969).

#### **4.3.2 Primacy of Agency**

Those who advocate the primacy of agency provide an alternative viewpoint believing that the human being or actor possesses individual capacity to construct the world of their existence (Cooley, 1902; Weber, 1922/1978; Schutz, 1932/1967; Mead, 1934; Goffman, 1961; 1971; Blumer, 1969). This viewpoint reflects a stance of ‘methodological individualism’, which argues that society is the creation of human activity, rationality and intentionality (Cooley, 1902; Weber, 1922/1978; Schutz, 1932/1967; Mead, 1934; Goffman, 1961; 1971; Blumer, 1969).

Max Weber was concerned with the importance of human beings’ perspective being understood within social analysis. Weber acknowledged the ideal of understanding [*verstehen*] as a means of studying social phenomena (debated earlier in chapter 3.3), focusing on human beings’ capacity to understand their experiences, actions and

interactions. This sentiment clearly resonates with Heidegger's construct of 'being in the world' in which he views the human being [Dasein] as an entity that has the capacity to understand itself (see chapter 3.5) (Heidegger, 1927/2011). However, it is worth noting that Weber's interpretation of "subjective meaning" includes two key elements; that of meaning reflecting the consciousness of the human being [actor] and meaning as understood through social interaction. Thus, of particular interest with regards to Weber's concept of the human being's understanding is their action around interactions with others in their world. Weber's perspective of the human beings' activity or action is a social process that must be considered from the subjective meaning of the individual (Weber, 1922/1978). While Heidegger placed emphasis on the concept of 'being with' others in the world, Weber made more explicit the notion of subjective understanding from a social interactionist perspective (Weber, 1922/1978; Heidegger, 1927/2011)). As such Weber provides the opportunity through interpretive understanding to reveal the human beings' situated activity and through this acknowledging their perspective of their social context (Weber, 1922/1978). Furthermore, Weber argued that the intentionality or motivation of the human being is revealed through the exposition of their rationally purposive action (Weber, 1922/1978). This resonates with Heidegger's 'care structure' (see chapter 3.5) revealing the human being's intentionality in 'being toward the future' (Heidegger, 1927/2011).

Of particular note within Weber's interpretive sociological theory is his development of the construct 'ideal type'. This construct represents the uniformity evident in social action observable in the repetitive actions of human beings linked with action. He therefore proffers the construct of the 'ideal type' as being representative of the typicality of commonly understood human actions. Thus, within Weber's theory, subjective meaning and understanding contribute to the regularities and patterns that serve to create social structures.

Arguably, Weber and Heidegger acknowledged the agency of the human being as that of a rational actor who possesses capacity and capability through reflective rational thought and intentionality to decide their actions. As such, the human being or actor was regarded as an entity with some level of autonomy as opposed to being completely dominated by social forces or structures (Weber, 1922/1978; Heidegger, 1927/2011). Schutz (1932/1972) (see chapter 3.3) echoes Weber in developing social

phenomenology focusing on the construction of meaning as understood through social interaction and the acknowledgement of the 'ideal type'. Schutz's work reflected the interactionist perspective arguing that the types of meaning of relevance to both sociology and the social sciences are those created by individual actors during interactions with others in their world. Schutz therefore focused on the creation of intersubjective meaning within the social world revealing how culturally specific expressions of meaning are constructed through interactions within a specific social context. Thus, meaning is represented as a basic feature of social life that is created through the human beings' [actors'] interactions with each other in their world. Schutz (1970, p.170) put forward his conceptualization of the everyday social world as follows:

*...is from the outset an intersubjective one shared with my fellow men, experienced and interpreted by others: in brief, it is a world common to all of us.*

This ordinary everyday world Schutz coined the 'life-world', arguing the need to categorise the broad array of experiences gleaned from the physical, sensory and cognitive processes (Schutz, 1970). Schutz put forth the analysis of human beings' activities in relation to their experiential world exposing the categorisations of common sense life (Schutz, 1932/1972). He distinguishes between both 'action' and 'act', depicting 'action' as that of purposive conduct and 'act' as the achieved or accomplished goal. From this perspective, the action of the human being in their social world is placed in the directed consciousness of the person. Schutz accordingly argued that understanding the human being's purposive action facilitates the explication of subjective meaning as to what the action meant for this actor.

While Schutz (1932/1972) contended that action reflects relatedness to the social world and its reality, he also claimed that events caused by human activity could be typified. In the creation of this typification, he argued the opportunity to understand human action through the exposition of typical motives. In exposing these typical motives the human being was revealed as being placed in a biographically determined situation. Action is determined by the use of the relevant existing social systems in the actor's world that enables them to both act toward and achieve their goal. Thus, for Schutz the world of the human being is comprised of typifications that represent a plethora of social relations, symbols, signs and patterns that guide

and influence but do not solely determine action. Schutz (1970, p.80) therefore put forward his conception of the social world and human action as that:

*...which man is born and within which he has to find his bearings is experienced by him as a tight knit web of social relations, of systems of signs and symbols with their particular meaning structure, of institutionalized forms of social organisation. Of systems of status and prestige, etc*

Thus, for both Weber and Schutz the agency of the human being is influenced by the regularities and patterns evident within human beings' [actors'] social world. However, what was particularly evident in Schutz (1932/1972; 1970) work is the uniqueness of each individual social situation and, indeed, action that acknowledges the capacity of the human being to act in accordance with their best judgment based on their prior learning, experiences and existing social structures.

Other theorists of note that highlighted both intentionality and action from the perspective of social interaction were Cooley and Mead. Cooley's (1902) theory of the looking glass self highlights the interconnection between the individual and society through the presentation of the influence others within the world have on the individual's sense of self. His analogy of the looking glass self depicted the effect social interaction with others have on the personal sense of self in imagining how others view them. Thus, Cooley (1902, p.184) presented a social sense of the self understood through:

*the imagination of our appearance to the other person; the imagination of his judgment of that appearance, and some sort of self-feeling, such as pride or mortification. The comparison with a looking-glass hardly suggests the second element, the imagined judgment, which is quite essential. The thing that moves us to pride or shame is not the mere mechanical reflection of ourselves, but an imputed sentiment, the imagined effect of this reflection upon another's mind.*

Cooley argued for the effect of this imagined self on the individual that has the potential to instil a sense of pride, shame or guilt when imagining how they are viewed by others. Thus, for Cooley society appears to be an entity, which formulates part of the individual self in contrast to the ideal of collective consciousness (Cooley, 1902; Durkheim, 1912/1995) viewing society as an object within the external world. Cooley's theory focuses on the sense of the "We" in society, that is the interpretation

of the sense of self as formulated by the individuals' personal view of others' judgment of them (Cooley, 1902). His work was influential in the subsequent development of Mead's theory of the self reflecting the concepts of "I" and "Me" (Mead, 1934).

Mead's (1934) theory of the self represents the individuals' self as being two sided, which is the "I" and the "Me". By constructing the self as a two sided entity Mead gives recognition to the individuality of the human being as represented by the "I" and the social aspect as represented by the "Me". Mead's theory of the self acknowledges the concept of the social self through the development of the sense of self as primarily influenced by social relationships, interactions, social values, norms and beliefs. Thus, Mead's theory was in contrast to the ideals recognised from an empirical stance in which individual theories of the self views the self as present prior to the influence of the social world in which they exist. Mead therefore argues the self is formed primarily through an individual's social relations. Mead presented the sense of self as one of social activity with meaning assimilated through interaction with the "*generalised other*" (Mead, 1934, p.60). By introducing the concept of the 'generalised other' Mead highlighted the influence of the organized and generalized attitude of the social other with which the individual interacts. Mead argued that the individual learns to define their sense of self through the development of self consciousness with regard to comparing their action or behaviour to that of the generalized other. Thus Mead (1934, p.60) argued that:

*The social environment is endowed with meanings in terms of the process of social activity; it is an organisation of objective relations which arises in relation to a group of organisms engaged in such activity, in processes of social experience and behaviour.*

This focus suggests social control of the individual through their interaction with others in their social world. However, Mead also acknowledges the notion of the autonomous self possessing the capacity and intelligence to question the assimilated rules and values of the social self:

*A person may reach a point of going against the whole world about him; he may stand out by himself over against it. But to do that he has to speak with the voice of reason to himself. He has to comprehend the voices of the past and of the future. That is*

*the only way in which the self can get a voice which is more than the voice of the community... but we must not forget this other capacity, that of replying to the community and insisting on the gesture of the community changing. We can reform the order of things; we can insist on making the community standards better standards.*

(Mead, 1934, p.77).

As a result, Mead argues from an interactionist perspective that others influence the individual socially while also possessing individual autonomy depicted as the 'I' self. Therefore, the social aspect of the self, "Me" is represented as being controlled by values and attitudes of others while "I" is represented as individual autonomy to challenge and question personal existence (Mead, 1934). Mead's theory recognises the agency of the actor [depicted in the 'I' self] and the social objectification of the self [depicted in the 'Me' self] through the process of internalized conversations and social interactions. Overall, Mead's theory advocates for the effects of human interaction as a social structure on the sense of the self. His theory was influential in the ongoing development of interactionist approaches as evident in the work of Herbert Blumer (1969) and Erving Goffman (1961; 1971).

Herbert Blumer built on the work of Mead with the development of his theory of symbolic interactionism (Blumer, 1969). His theory resonated with Mead from the perspective of understanding the impact of social interaction. Blumer's (1969) adaptation of Mead's conceptualization of interactionism supports the need to explore social meaning from the emic perspective of the human being [actor]. The key difference in Blumer's work in comparison to Mead's is his focus on the activity of the human being exploring subjective understanding and symbolic meaning reflecting the micro-level approach in sociology.

Mead advocated consciousness as influenced by a preexisting society within which individuals live. As such, the individual exists in society and society exists in the individual's mind (Mead, 1934). By contrast, for Blumer (1969) society reflects the collective action of individual actors that contribute to the emergence of larger social structures. While Blumer did not reject the notion of larger macrostructures in society, he argued that the existence of these structures is a reflection of the collective interaction and action of individuals in society. He also put forth the concept that collectively individuals have the capacity to shape and change larger macrostructures within their society. Perhaps it is this ideal of collective human

capacity that places Blumer's theory in direct opposition to structuralism and functionalism's acknowledgement that social structures influence but do not determine action (Blumer, 1969). Blumer (1969, p. 2) presented three key premises within his theory of symbolic interactionism that highlighted agency:

*that human beings act toward things on the basis of the meanings that the things have for them... that the meaning of such things is derived from, or arises out of, interaction with one's fellows... [and finally] that these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters.*

Within Blumer's theory emphasis is placed on the conscious capability of the human being [actor] to interpret their own actions. In presenting the human being in this way recognition is given to the individuality of each person's consciousness as to the meaning they ascribe through the process of subjectivity. This assertion therefore challenges the collective understanding of meaning particularly associated with the inherent norms and values evident in the individuals' society. Rather his theory espouses the notion of the autonomy of the individual to ascribe meaning and consider their action subjectively as opposed to collectively.

Concerning the interaction of the human being with other human's in their world, Blumer (1969) explained the capacity of the individual to assimilate, consider, interpret and act on encounters with others. From this perspective, meaning was viewed as a suite of interpretive actions created through the consciousness of the individual. Meaning for the individual develops out of social interaction and in this manner is a social product of interaction.

Echoing Blumer's focus on interaction, Goffman's interaction order represents a lifetime's work focusing on face-to-face interaction, public interaction and social stigmatization (Goffman, 1955; 1959; 1963; 1983). Goffman (1983) acknowledged the interaction order as his lifework encompassing both the inherent design of face-to-face interaction and the order in which this is achieved. Goffman (1983, p.3) argued that face-to-face interaction is:

*rooted in certain universal preconditions of social life", revealing that "once individuals for whatever reason come into one another's immediate presence, a fundamental condition of*



*social life becomes enormously pronounced, namely, its promissory, evidential character.*

In exploring this fundamental condition Goffman (1983) depicts the interactional process as providing the opportunity for individuals to characterise each other. These characterisations he presents as two key forms of identification, these being categorical and individual. Thus Goffman (1983, p.3) depicts these characterisations as:

*the categoric kind involving placing that other in one or more social categories, and the individual kind, whereby the subject is locked to a uniquely distinguishing identity through appearance, tone of voice, mention of name or other person differentiating device.*

From Goffman's (1983) viewpoint the self is developed in and through interactions. Goffman's facework (1955, p. 214) posited that a "person's face clearly is something that is not lodged in or on his body, but rather something that is diffusely located in the flow of events in the encounter". From this viewpoint Goffman (1955) placed emphasis on the respective cognition of persons involved in the interaction. By placing emphasis on cognition, Goffman (1955) argues that the presentation of face reflects a process of maintaining face during the interaction. Thus, he claims that:

*a person may be said to have ... or maintain face when the line he effectively takes presents an image of him that is internally consistent, that is supported by judgments and evidence conveyed by others.*

(Goffman, 1955, p. 213).

Within these interactions Goffman (1983) argues for the presence of invisible unspoken norms and rituals that both shape and form the nature of the interaction. Thus, for Goffman (1983) the interactional order depicts human beings' capacity to manage these unspoken norms during interactions and the impact these norms have on their sense of self. Goffman (1959; 1983) thus proffers the ideal of performance management during interactions as presented in his dramaturgical model. Goffman's (1959) dramaturgical model drew on the age old metaphor:

*All the world's a stage, and all the men and women merely players. They have their exits and their entrances, and one man in his time plays many parts.*

Shakespeare [1602], *As You like It*, Act 11, Scene VII.

Goffman developed this metaphor around his view on role theory in which he presented the performance of human beings in the instance of co-presence (Goffman, 1959). He details in this model how interaction between actors can be understood in sociological terms as performances. From this perspective the human being is depicted as acting through the lens of impression management, in which the actor creates images of themselves to impress on others in their world. In focusing on impression management Goffman argues that the individual agency of human beings reflects their capacity to create their personal impression of themselves by having a sense of self in terms of how they want to be seen, judged and viewed by others.

Alternatively, he also presented a sense of social control depicting the need for the human being to portray impressions of themselves to others that conform to their position, role and function in their world of existence. Thus, from this viewpoint Goffman argues that the individual's everyday performance reflects a process of complying with the expected standards set by the social group to which they belong or identify with. In this guise the human being [actor] is not free to behave or act as they might personally wish but rather they must present a social mask to the world with which they co-present.

Goffman's work on dramaturgy continued as a central theme particularly reflected in his focus on everyday public interactions, in institutionalization and in stigmatization (Goffman, 1959; 1963; 1961). Within this expanse of work Goffman presented the sense of self as to be understood in interaction with others. His work depicts the autonomy of the individual in controlling the presentation of the self during interactions with others. Conversely, he also presents the capacity and power of social structures to discredit and, in extreme instances, destroy the sense of self through the processes of institutionalization and stigmatization (Goffman, 1959; 1963; 1961).

The power of social structures within the interaction order is particularly evident in his work on Asylums (Goffman, 1961) depicting the effect of institutionalisation on human beings' sense of self through a mortification process, which he argues strips the person of their personal sense of self. Goffman saw this as a sense of social control of the human being- recognizing a resocialisation of the person achieved through a process of enforced rules, rewards and punishments in order to produce an acceptable social self. Similarly, his work on Stigma (Goffman, 1963) built on his work in Asylums (Goffman, 1961) in which he developed the concept of spoiled identity reflecting the status of the stigmatized person as being “*disqualified from social acceptance*” (Goffman, 1963, p 1).

In exploring the concept of a stigmatized self, Goffman (1963) presented key aspects of identity reflecting the social, personal and ego/felt identity. Linked with each of these identities, Goffman argued for a series of social processes linked with identity formation in which the person “*learns and incorporates the stand-point of the normal*” (Goffman, 1963, p. 45). From this viewpoint, Goffman argues that the stigmatized person enacts a social existence that involves the uncertainty of being accepted or rejected based on what is considered ‘normal’ within their social grouping or society. Stigma is thus represented as a social construction of comparison between the stigmatized and the normal in society. From this perspective the stigmatized person is understood as possessing attributes that can be explained as pertaining to outside of the normal attitudes, values and indeed prejudices of their social world. For the stigmatized person they exist with an imposed social label deviating from collective viewpoints of normal in their social world (Goffman, 1963).

In putting forth the concept of the stigmatized person Goffman (1963) argues that the distinctions between ‘normals’ and ‘stigmatised’ are perspectives within the social world. He therefore contends that these two social processes are outcomes of the same set of norms and values in society. From this viewpoint he argued that there cannot be a normal without a comparative abnormal. Thus, Goffman (1963, p. 137) claimed that:

*Stigma involves not so much a set of concrete individuals who can be separated into two piles, the stigmatized and the normal, as a pervasive two role social process in which every individual*

*participates in both roles, at least in some connexions and in some phase of life. The normal and the stigmatized are not persons but rather perspectives.*

Accordingly, from Goffman's (1963) perspective how stigma is constructed and, indeed, used is a reflection of how the collective individuals within a society actively maintain, reproduce and disseminate the ideal of what is labeled stigma. Stigma is therefore both social and individual, reflecting individual attributes that are socially defined in relation to the expected defined norms associated with the person's role, function and status in their particular society.

For the person labeled as stigmatized this reflects a process of discreditation with the human being viewed in their world as "*a tainted, discounted one*" (Goffman, 1963, p. 12). Thus, Goffman presents the pervasive influence social structures have with regards to perceived notions of 'normalcy' on the agency of the human being living with a stigmatized label. Indeed, the label of stigma is for Goffman (1963) a learned process of socialization that incorporates the internalization of prevailing attitudes, values and prejudices and the acceptance of these perceived social norms by the human being [actor]. However, in arguing for choice with regard to acceptance of these social norms individuals' autonomy or agency is highlighted in that actors "*have a universe of response*" as to the manner in which they are stigmatized (Goffman, 1963, p. 32). For some individuals, the choice to reject the label of stigma imposed on them represents their unique capacity to challenge the prevailing understanding of 'normalcy' and present their social identity as different to that imposed on them by others in their world (Goffman, 1963).

Building on Goffman's (1963) concept of stigma Links and Phelan (2001) define stigma with regard to four interrelated components. These components include the labelling of human differences, the association of undesirable attributes being linked with the labelled person or group and the categorisation of labelled persons or groups as separate from the non-stigmatised. The fourth component is an outcome of the three aforementioned components in which labelled persons or groups experience status loss connected to being labelled as stigmatised. How stigma placement is managed by the labelled persons or groups depends on their access to contextual resources that can enhance their personal or collective power.

Also linking closely with Goffman's (1963) construct of stigma is the concept of othering (Spivak, 1985; Weis, 1995). Within Goffman's (1963) notion of stigma the individual is categorised, labelled and through this stigmatised in accordance with their perceived difference from accepted societal norm. Othering echoes the stigmatisation ethos in that it reflects a process that serves to identify, name and label individuals/groups viewed as different from oneself (Spivak, 1985; Weis, 1995). The process of othering thus serves to make a key distinction between them, that is 'the other' and us, that is the dominant, socially accepted, ordinary and same (Weis, 1995). Thus, being labelled as 'the other' reflects a social identity that places the human being in the categorisation of different, socially unacceptable or even deviant from the accepted social norm. This categorization can predispose the person's or groupings labeled as 'other' to exclusionary or discriminatory practices, marginalization and disempowerment (Spivak, 1985; Weis, 1995). Thus, othering represents a social force that has the potential to negatively impact on human agency particularly as reflected in the power of dominant discourse that define normality and difference (Spivak, 1985; Weis, 1995).

In the aforementioned literature focused on the primacy of agency what is evident is the emphasis on the sense of self presented both on a personal and social level. In the context of presenting the social sense of self what is clear is the concentration on meaning as understood by the human being [actor] through their interactions with others in their world. This is particularly evident in the work of interactionist theorists who present the individuals' understanding and meaning in the context of co-presence and shared interaction (Schutz, 1932; Goffman, 1963; 1959; Blumer, 1969). This focus on interaction highlights human beings' situated activity in terms of their capacity to effectively interact, interpret and act in the context of their shared situatedness with others in their world (Goffman, 1969; 1963; Blumer, 1969). While this worldview gives precedence to the primacy of individual agency in interacting with others in their world, it also has critics in being viewed as a one-dimensional concept of social existence (Giddens, 1979; 1989; Bhaskar, 1979; 1989; Archer, 1995; Layder, 1997; 1998). In putting forth their criticism of the structure/ agency debate, several theorists have sought to achieve a 'middle ground' acknowledging the primacy of both structure and agency in an attempt to bridge this divide (Giddens, 1979; 1989; Bhaskar, 1979; 1989; Archer, 1995; Layder, 1997; 1998).

### 4.3.3 Primacy of both Agency and Structure

Elder-Vass (2010) presents two key dominant approaches that attempt to reconcile the inherent dichotomy evident in the debates of agency and structure, these being; structuration and post- structuration theory. The amalgamation of both agency and structure thus represent differing theoretical viewpoints. Structuration theorists focus on “*structure as something that resides within human individuals*”, while post structurationist theorists argue that “*structure exists outside the individual in some sense*” (Elder- Vass 2010, p.4). Key theorists proffering a structurationist viewpoint include Jurgen Habermas, Pierre Bourdieu and Anthony Giddens.

Habermas’ (1984; 1987) theory of communicative action presented a conceptualization of society that incorporates two levels, that of lifeworld and system. The focus within his theory is on the exploration of the evolution of modern capitalist societies. His conceptualization of lifeworld developed from the works of both Husserl and Schutz. Habermas defined lifeworld as the:

*horizon within which communicative action are always already moving, a culturally transmitted and linguistically organised stock of interpretive patterns which frames everyday communication.*

(Habermas, 1987, p.124).

Thus, from the lifeworld perspective, Habermas present human beings’ development of their subjective cognitive understandings through their lived experience as represented through communicative action. For Habermas (1984, p. 70) subjects’ lifeworld can be understood as:

*subjects acting communicatively always come to an understanding in the horizon of a lifeworld .... formed from more or less diffuse, always unproblematic, background convictions .... [it] serves as a source of situation definitions that are presupposed by participants as unproblematic .... The lifeworld also stores the interpretive work of preceding generations.*

Habermas (1984, 1987) thus presents the construction and reproduction of the lifeworld through communicative action. Communicative action both contributes to and forms social and cultural meaning. Lived experience incorporates collectively understood communicated meanings, solidarity and identity, represented in his

theory as a shared symbolic space. Lifeworld can be interpreted as representing the milieu of shared understandings and assumptions shaped through everyday interactions (Habermas, 1987). From this viewpoint the lifeworld is representative of the taken for granted definitions and understandings of the individual's world that provide direction to their life (Habermas, 1987). This direction within the lifeworld context is guided by the:

*socially integrating agreement about values and norms instilled through cultural tradition and socialization.*

(Habermas, 1984, p. 101).

Habermas (1984; 1987) links communicative action to the social systems within which people exist through his constructs of 'practical and technical rationality'. Habermas (1987) regards practical rationality as concepts of collectively understood social importance. From this viewpoint practical rationality is linked to success orientated purposive rational and strategic actions connected to efficiency, effectiveness and outcomes. This form of rationality is grounded in systems. He, thus, argues that practical rationality governs communicative action within a society. Technical rationality moves beyond collective understanding and represents concepts of instrumental importance such as rules that govern economic, political or industrial systems in a society.

Within his theory Habermas (1987) emphasizes the concept of colonization revealing issues related to both agency and structure from the opposing perspectives of both communicative action and systems theory. While communicative action is represented as free, open communication within the lifeworld, formal rationality reflects the purposive goal orientated rationality of the system. Habermas argues the power of the external social system to influence the internal lifeworld through a process of rationalization. This form of systemic rationalization represents the capacity of the system to shape collective thought and action particularly linked with bureaucratic and monetary systems. These systems represent a powerful instrumental force in infiltrating communication action within the lifeworld influencing individual decisions and collective understandings. In this sense Habermas (1987) developed the concept of colonization of the lifeworld as the triumph of the rationalized system over that of the lifeworld. Thus, for Habermas subjective lived experience is influenced and, indeed, governed by collective understanding and recognised

collective systems of instrumental importance. These understandings and systems jointly contribute to the development of collectively accepted norms, values and belief systems that govern a society. His theory is influential in the attempt to reconcile both agency and structure as is evident in Bourdieu's (1979/1984) ideal of 'habitus'.

Bourdieu incorporated Habermas' lifeworld in his construct of 'habitus' (1979/1984). Bourdieu attempted to reconcile the influence of external social structures on the individual subjective experience (1979/1984). In exploring the individual's conditions of existence he presents the construct of 'habitus' as:

*a structuring structure, which organizes practices and perceptions of practice.....also a structured structure.....which organizes the perception of the social world...the product of internalization of the division into social classes.*

(Bourdieu, 1979/1984, p 185).

From this perspective Bourdieu argues that 'habitus' can be understood as socialized norms that are internalized and impact on an individual capacity and propensity to consciously act in deterministic ways. Bourdieu claimed that 'habitus' acted as a roadmap or guide for the individual's social existence. While this would inscribe a sense of structural control over individual agency, Bourdieu makes clear that habitus reflects the interplay between both agency and structure, highlighting that it is neither an outcome of the individual's freewill nor of structural determination. Rather it is an evolutionary process that continues to shape and mould both social structure and individual agency over time.

Bourdieu's (1979/1984) construct of 'habitus' also includes the notions of both 'capital' and 'fields'. Capital reflects social order internalised in individual consciousness through the structure of 'products' reflecting systems of education, language, values, classification methods and everyday life activities. His construct of 'capital' reflects non-economic forms of capital, which he put forth as cultural, social and symbolic capital. Cultural capital refers to the individuals' acquired knowledge reflected in their education, cultural norms, traditions, social practices et cetera. This type of capital Bourdieu (1979/1984) argued reflected his ideal of embodiment revealed in the person's 'habitus' or mode of existence. Thus, cultural capital can be made explicit, for example, in the person's manner of speaking, educational status,



employment status, preferences, tastes and general deportment. Closely interlinked with cultural capital is social capital, which Bourdieu (1979/1984) regarded as reflecting the individual's capacity to accrue power through their social networks. This power Bourdieu (1979/1984) clearly links to one's social status or position and the individual's ability to further enhance their existence through their social positioning within the context of a network of relationships such as family, friends, colleagues and acquaintances. Finally, Bourdieu (1979/1984) put forth the ideal of symbolic capital that reflects the individual's status, prestige and reputation as understood within his/her world of existence.

These three forms of non-economic capital Bourdieu (1979/1984) believed were deterministic in the allocation and reproduction of social positions in society. While he argued that these types of capital were non-economic, their existence provides the opportunity and means for the individual to acquire economic capital linked with life opportunities underpinned by capital such as education, socially supportive networks, social status and prestige. From this perspective the various capitals proffered by Bourdieu (1979/1984) are representative of a social class system within which the life opportunity of the individual is determined by the amount, type and relative impact of the different types of capital they possess. Thus, capital symbolises a suite of social systems that have the potential to either enable or constraint the individual's social existence. The internalisation of these social systems contributes to the placing or disposition (*habitus*) of the individual within society and consequential social differences or hierarchies. In presenting the concept of 'fields', Bourdieu argues for the influence of both the context and environment on the individual's agency. 'Fields' thus represent the different social situations within which the individual exists.

Bourdieu (1979/1984) clearly acknowledges both agency and structure in his work. The existence of social structure made evident through the reproductive practices of individuals in society suggests agency. Alternatively, structural dominance is depicted by the individual's disposition (*habitus*) within his theory. While *habitus* is not viewed as being completely deterministic, it orientates actors' past, present and future trajectory of existence. Thus Bourdieu's (1979/1984) ideal of '*habitus*' reveals a sense that the goals, aims, intentions and ambitions of the individual are grounded

within a socially determined construction of their world reflected in their disposition (habitus).

Following on from Bourdieu's (1979/1984) concept of capital Coleman (1988; 1994) further developed the construct of social capital. For Coleman (1988; 1994) the construct of social capital is addressed from the perspective of exploring the acquisition of social capital for both individuals and collective groupings. From Bourdieu's perspective (1979/1984) social capital had the potential to act as an enabler for those who have the means to acquire this capital and as an oppressor or constraint for those without these means. By contrast, Coleman (1988; 1994) focuses on the potentiality of the acquisition of social capital for all individuals and groupings based on the ideal of rational choice theory. From this perspective all individuals both privileged and disadvantaged have the potential to acquire social capital for their benefit. Social capital from Coleman's (1988; 1994) viewpoint reflects processes of cooperation in which individual actors work together in order to mutually benefit from the acquisition of social capital.

For both Bourdieu (1979/1984) and Coleman (1988; 1994) the common denominator within both of their theories is the importance of social networks and relationships. Both theorists viewed the importance of membership and belonging to social groupings as an important catalyst for the acquisition of social capital. This membership they argue has the potential to enhance and develop the individuals' social capital through the collective actions of groupings. In turn the acquisition of social capital through mutual collaborative actions has the potential to serve the individual's personal goals, aims and outcomes. Thus, social capital and its acquisition reflect both individual agency and collective action in the acquisition of social capital that is mutually beneficial to each group member.

Similar to Bourdieu, Giddens' (1984) Structuration Theory acknowledges classification and patterns of distribution of material resource and systems as social structure. For Giddens (1984, p. 16) social structure represents the rules and resources within society, while agency is linked to the internalized embedded memory or "*memory traces*" of structures, which individuals use to act.

Giddens argues for the agency of individuals through their action to create structure. For Giddens (1984, p. 18) the capacity of individuals' agency to affect social structure involves individual reflective capacity, which he presented as "*reflexive monitoring of actions*". Through this reflexive process Giddens (1984) presented the agency of individuals as connected to monitoring their actions in the context of their individual existence within social structures. In this he includes the capacity of the individual to consider their personal context and act upon this context through reflexive action. However, he also incorporated the caveat that in order for reflexive agency to be enacted the individual must possess the capacity to be able to rationalize and monitor their actions.

Thus, social structure for Giddens is a recursive loop representing the action of agents in creating and recreating social structure. This recursive process Giddens (1984, p. 24) argues is the "*duality of structure*", which represented the internalized memory traces of individuals and the external social structures that existed because of past and present human action. From this viewpoint structure was therefore the resultant outcome of individuals' reflexive process and action. Within this duality, social structures are viewed as influential but not necessarily deterministic for individuals, rather structure offers a potential medium to enable action. Thus, within the duality of Giddens' agency and structure, actors' agency is given a modicum of freedom. In particular, Giddens (1984, 1993) focuses on the concept of transformative capacity in which the ability of the individual to choose to make change is possible. From this perspective, Giddens' (1993) acknowledges power as an element of social relations. He rejects the notion of power as being one-dimensional, rather he advocates for the ideal of power as multi-dimensional. From this viewpoint, Giddens (1993) recognizes transformative capacity as the individual's agency to choose influenced by the social milieu impacting on this choice.

Giddens' (1984, p.26) structuration theory hence represents agency and structure as '*two sides of the same coin*' in the creation and understanding of social existence and social structural influence. In presenting both of these entities as being co-constitutive of each other the foci within Giddens' theory is the creation of a holistic duality as opposed to a dichotomist dualism (Giddens, 1984). However, it is the

creation of this duality that has contributed to its criticism particularly by post-structurationist theorists such as Archer (1995).

Archer (1995) contested Giddens (1984) duality, instead proffering the ideal of dualism. In her critique of Giddens' structuration theory she noted the contribution of his theory toward the 'central conflation' of both structure and agency. Archer argued that by conflating structure and agency into co-constitutive processes, the potential for exploring the influence of each entity on each other is arbitrarily excluded. Thus, Archer's criticism reflects the capacity of Giddens (1984) theory to analyse the effect of either agency or structure on social existence. From this perspective as a critical realist, Archer (1995) pushed for the need to acknowledge the distinctive properties of both agency and structure in understanding social existence.

Within her Morphogenetic theory Archer (1995) emphasised 'dualism' in that both agency and structure need to be understood as distinct entities within sociological analysis. Archer acknowledged the interdependence of these entities yet proffered the explicit need to recognise their independence particularly from the perspective of human agency's impact on social structure as well as social structure's impact on human agency. Thus, Archer argued that:

*Social reality is unlike any other because of its human constitution. It is different from natural reality whose defining feature is self-subsistence: for its existence does not depend upon us, a fact which is not compromised by our human ability to intervene in the world of nature and change it. Society is more different still ..... Firstly, that it is inseparable from its human components because the very existence of society depends in some way upon our activities. Secondly, that society is characteristically transformable; it has not immutable form or even preferred state. It is like nothing but itself, and what precisely it is like at any time depends upon human doings and their consequences. Thirdly, however, neither are we immutable as social agents, for what we are and what we do as social beings are also affected by the society in which we live and by our very efforts to transform it.*

(Archer, 1995, p.1).

From Archer's perspective, the human being as an agent is formed and shaped by the social structures of the world into which they are born and live, that is, norms, values, relationships et cetera. Archer (1995) presented the concept of time as the key element that influences social processes through the historical action and choices of situated agents who influence and change social structure over time. Thus, for Archer morphogenesis represents a complex process of interaction between agent and structure over time that enacts change.

As such, for Archer both agency and structure are viewed as two independent yet interdependent entities. From her perspective, the historical activity of human agents is what serves to create, develop and change social structure. However, she also acknowledges that social structure existed before and after human beings' existence thus impacting on their choices, actions and decisions.

Layder's Theory of Social Domain's (1997) could be considered as a development of Archer's morphogenetic theory. Layder echoes Archer's viewpoint of the distinctiveness of both agency and structure. His focus within his Theory of Social Domains represents social reality as understood through the duality of the subjective and the objective. Thus, for Layder (1997) social reality is expressed through subjective meaning and the objective features of that existence. Layder places emphasis on the linkage and interaction between both subjectivity and objectivity in understanding social life. A key aspect of Layder's (1997) theory is that objective factors are influential but not deterministic of subjective meaning. From this stance, he outlines the ideals of separateness and relatedness with regard to highlighting similarly to Archer (1995) the uniqueness of each entity and also the potential relatedness of both.

However, the key distinction that Layder (1997) puts forth within his theory around core dualisms is the stratified nature of social reality that needs to be considered from a multi-dimensional perspective. For Layder (2006, p. 298) the exploration of social existence must reveal the "*ontological differences that are concealed within the notions of 'agency' on the one hand and structure (or systems) on the other*". Thus, he lays out his idea of viewing social reality as "*an ontologically differentiated latticework*" represented within the key domains of "*psychobiography, situated activity, social settings and contextual resources*" (Layder, 2006, p.298).

A more in-depth presentation of Layder's theory (1997) is included in section 4.5 of this chapter in order to provide a rationale for the use of his theory in this study. However, firstly it is necessary to present the understanding of the participants' agency and social structure as used in this study.

#### **4.4 Understanding of Agency and Structure in this Study**

The aforementioned discussion on agency and structure reveals a trajectory that demonstrates a continuum focusing firstly, on the influence of structural and functional forces, secondly, on the influence of human agency and thirdly, the recognition of both structure and agency in relation to social existence. The inherent debates of both agency and structure reflect a challenge as to how the ongoing exploration of this study's research participants lived experience should now proceed. This challenge reveals the necessity to move beyond the phenomenological focus that had thus far exposed lived experience (Heidegger, 1927/2011). In recognizing, from the findings of this study, the need to explicate the influence of social structure, questions were firstly raised as to how this should now proceed. Should primacy continue to be given to agency or should social structural influences now become the main focus or, indeed, should a middle ground approach to both of these entities now be adapted?

At a common sense level the temptation was to argue that the primacy of agency should underpin the ongoing debate in this study. This reflects the researcher's view of the participants in this study as autonomous individuals who possess the right to have their viewpoint and voice heard, which echoes the concepts evident in the primacy of agency. These notions acknowledge the idea that the human being in the social world possesses some level of autonomy over their choice and actions (Cooley, 1902; Weber, 1922/1978; Schutz, 1932/1967; Mead, 1934; Blumer, 1969; Goffman, 1961, 1971). However, it was the recognition of participants having 'some' level of autonomy that raised the question as to exactly what might this 'some' mean? Was the participants' revealed existence completely determined by structure or did their accounts reveal a sense of their personal capacity to influence this existence?

When considering this study's findings the conclusion reached was that the participants, while revealing a sense of social structures influencing their existence,

also revealed a challenging of this existence particularly in their focus of 'being toward the future'. It is in the context of these considerations that the agency of the participants is now presented in this aspect of the study. Thus, in this study the participants' agency is not viewed as a product of the complete determining effects of structural influences (Marx, 1859/1978; Durkheim, 1895/1938; Parsons, 1951; Althusser, 1971). Their agency is considered with regards to their capacity to question personal existence and shape it (Cooley, 1902; Weber, 1922/1978; Schutz, 1932/1967; Mead, 1934; Blumer, 1969; Goffman, 1961, 1971).

However, it is also acknowledged that structural forces have influenced and shaped these participants' existence (Giddens, 1984; 1976; Bhaskar, 1989; 1979; Archer, 1995; Layder, 1997, 1998). Thus, from this perspective the participants' agency and the influence of social structures are seen as interwoven and interconnected entities with distinct properties (Layder, 1997, 1998). These distinct entities have the potential to impact and shape each other, that is the participants' agency can impact on the structures that influence their current existence, while conversely existing structures can influence the participants' present existence (Bhaskar, 1979; Layder, 1997, 2006).

Bhaskar's (1979) presentation of the *real* domain discussed earlier in section 4.2 of this chapter in which the existence of aspects or structures of reality can remain unobserved or unknown raised further questions for this study. While participants showed awareness of social structures' influence in their immediate environment, the question remained as to what unrecognised broader social structures had possibly contributed to or impacted on the lived experience they had revealed from an interpretive phenomenological perspective?

When considering the findings of this study it is evident social structures and processes had been an influence on their revealed existence but what was not evident was what broader structural processes had contributed to and shaped this. While the participants' agency was given precedence in this study's original focus of exploring lived experience, it was now necessary to also recognise social structure as an influential factor in the context of the lived experience revealed. From this perspective, the decision to give equal primacy to both agency and structure became an imperative. Cognisance was given to the inherent debates laid out earlier in

section 4.3 of this chapter from both a structurationist and post-structurationist viewpoint concerning agency and structure. In considering the original aims of this study in putting forth lived experience from an interpretive phenomenological perspective the focus now was on maintaining the recognition of agency as an independent entity while also considering social structural influences as a unique entity. This focus led to the decision to utilize Layder's (1997) Theory of Social Domains, which gave equal primacy to both agency and structure reflecting a post-structurationist critical realist viewpoint in which the distinctive yet interdependent elements of both agency and structure was acknowledged in exploring social existence.

Agency and structure from this perspective were now viewed within this study as being interdependent reflecting the mutuality between both of these entities to shape and mould the participants' lived experience of being teenage parent service users. This viewpoint reflected a move toward the 'middle ground' of the agency structure debate as advocated by critical realism and post structurationist theorists (Bhaskar, 1979, 1989; Archer, 1995; Layder, 1997; 1998).

Layder's Theory of Social Domains (1997) giving equal acknowledgment to the subjective viewpoint and structural influence offered a means to recognise the phenomenological focus of this study and further explore broader social structural influences. Drawing on the key principles of critical realism his Theory of Social Domains presents a layered framework recognising both human action and social organisation. Within this framework, Layder highlights both macro and micro phenomena as facilitating theory development or elaboration in identifying the causal mechanisms of social phenomena. Thus, Layder (1997, p. 8) uses a critical realist ethos in conceiving of both society and social life as "*essential process*" reflecting a unified "*unit of analysis*" that has the potential to reveal social existence. As such, Layder's (1997) Theory of Social Domains provided the means by which both independence and mutuality could be explored equally in this study.

The use of Layder's theory echoes the viewpoint of the participants' agency presented in this study (Layder, 1997). From his perspective it is necessary to "*reclaim and reconstruct the individual for social analysis*" (Layder, 1994, p.209). From this stance the acknowledgement of human subjectivity that is their views,



opinions, motivations and sense of self is necessary in understanding agency. In putting forth this understanding it is also important to understand how human beings act [their agency] in the context of their individual social existence to achieve their personal goals and ambitions (Layder, 1997). However, in order to understand the action of the human being it is clearly imperative to understand their subjective viewpoints (Layder 1997). In the context of this study Layder's (1997) layered framework offered the means to represent this subjectivity. The following section provides an explanation of this framework that allowed for the adaptation of a 'middle ground' in representing both agency and structure in this study.

#### 4.5 Layder's Theory of Social Domains

Layder's (1997) Theory of Social Domains had as its inception the development of a research map (Layder, 1993). This research map included four elements, that of context, setting, situated activity and self, which Layder argued could be used as a guide for understanding published work and in assisting the planning of research fieldwork (Layder, 1993). He later furthered this map as a Theory of Social Domains aimed at understanding the multi-dimensional aspects of social reality (Layder, 1997). His development of the Theory of Social Domains reflected a view of society as 'layered'. Layder argued that:

*society and social life can be viewed as comprising a number of important dimensions that have varying and distinctive characteristics, and that these differing 'social domains' are interlocking and mutually dependent on each other.*

(Layder, 1997, p 2).

In putting forth this multidimensional view of social reality Layder contested the notion that agency and structure can be unified. While taking a middle ground within the agency/structure debate he rejected the notion of the autonomous, self sufficient agent who is not impacted by social forces while also rejecting the notion of these forces having complete dominance over the individual (Layder, 1997). He instead acknowledged the distinct characteristics of both agency and structure as being "multidimensional" taking "into account the variegated nature of social reality" (Layder, 2006, p. 273). Thus, for Layder both agency and structure were distinct, but they were also interrelated and dependent on each other as represented in his domains of psychobiography, situated activity, social settings and contextual

resources. Layder depicted these domains as layers of social life that are brought together by social interactions and positions, power, discourse and practice (Layder, 1997; 2006). He argued that these domains were representative of social processes that were not static and are influenced by time, space and power (Layder, 1997; 2006). Layder depicted these key domains as follows:

#### **4.5.1 Social Domain of Psychobiography**

Psychobiography's origins are reflected in the work of Freud and his biographical approach used in psychoanalysis (Schutz, 2005). It encompasses the use of psychological theories to explicate individual life histories into a coherent story that illuminates understanding (McAdams, 1988). Layder (1997; 2004) depicts psychobiography as the individual human being's life biography portraying their unique development of the self that is shaped and formed by life trajectories involving "*transformations in identity and personality at various junctures...*" (Layder, 1997, p. 47).

As such, Layder (2004, p. 160) depicts psychobiography as a depiction of the self that is "*partly independent of social forces while at the same time subject to a good deal of social influence*". From this stance agency and structure is represented as the mutual influence of these entities symbolising the agent's social actions within the social context of the world in which they exist. Thus, social forces are understood as:

*not as determiners of personal identity or individual experience,  
but as conditioning influences on the intentions, purposes,  
desires and ambitions of real individuals with real self-identities*

(Layder, 2004, p 160).

From this perspective Layder linked the individual psychobiography of the human being to that of their situated activity in their social world.

#### **4.5.2 Social Domain of Situated Activity**

The domain of situated activity represents the face to face interaction between two or more people. It is represented as a "*situation of co presence where two or more individuals are able to monitor and reflectively respond to unfolding action*"

(Sibeon, 2004, p108). Layer sketches situated activity as a changed emphasis from the individual self to the dynamics of the interaction that:

*...shifts (the) focus away from the individual's response to various kinds of social situations towards a concern with the dynamics of interaction itself.*

(Layder 1997, p 80).

In moving the focus toward the dynamics of the interaction itself, emphasis is placed on the outcome of encounters between individuals and on the interchange of communication (Layder, 1997). This focus concentrated on the development of meaning that is socially orientated through the interaction between human beings (Layder, 1997). Layder thus put forth his definition of situated activity as:

*a subtle and complex amalgam of the powers, emotions and mutual influences of multiple individuals that unfolds in the real time of the encounter.*

Layder (2006, p.279)

Within this domain Layder depicted three types of encounters, these being, transient (representing one off encounters predominantly with strangers), intermittent encounters (representing periodic encounters with acquaintances) and regularised encounters (representing regular encounters with others). He drew on Goffman's (1983) interaction order depicting interaction between individuals as a "hotbed of activity" in which meaning is constructed (Layder, 1997, p 245).

The acknowledgement of co-presence in face-to-face interactions also represents an interactional order that includes covert unspoken norms and rituals (Layder, 1997; Goffman, 1983). For Goffman (1983) these covert entities hidden within the interaction represent the ability of the actors within the process to manage these situational norms and the impact on the self within the context of the interaction. Some of the invisible norms highlighted by Goffman (1983) include the status and role of the actors within the interaction. Thus, Layder (1997) also argued about the necessary skill and competence of each actor to negotiate within the confines of these unspoken norms the interaction. In acknowledging the complexity of face to face interactions he later claimed that:

*within these encounters each individual requires a minimal level of recognition, acceptance, inclusion, approval and other*

*psychological reassurances in order that personal identity, security, self-esteem and self-value are affirmed and reaffirmed.*

Layder (2006, p. 279).

In depicting the potential influence of social interaction in this manner, Layder (1997; 2006) revealed the potential power of 'being with' others in the world to impact firstly, on the sense of personal self and secondly, on the sense of social self. Thus, in the first two domains presented in Layder's (1997) framework there is clear linkage and overlap between the individual's personal psychobiography and their situated activity through their daily interactions with others in their world. In acknowledging the broader social context of the individual's existence the domains of social settings and contextual resources are interwoven (Layder, 1997).

#### **4.5.3 Social Domain of Social Settings**

Layder presented the domain of social settings as "*the immediate environment of situated activity*" (Layder, 2006, p. 280). These social settings are representative of both formal and informal system elements. Layder (1997; 2006) thus highlighted formal and informal social settings as being representative of the nature of the organisational relationship the human being has with these systems. For example, Layder (1997) presented tightly structured formal relationships as being evident in systems such as education, industry, government etcetera. Conversely, informal relationships were laid out as "*loosely patterned relationships*" with friends, partners and family networks (Layder, 2006, p. 280). Thus, Layder (1997, p.87) argued that social settings represent "*the proximate locations of social activities and specific social practices*". He stresses that "*social settings are not empty backdrops to social activity*" but are "*constituted by the routine practices of people*" (Layder, 1997, p.87). He, therefore, argued that because practices are reproduced they represent elements of the social system that can be linked to broader social systems such as "*money, property, power and discourses*" (Layder, 1997, p.87).

Within this aspect of his framework Layder (1997) drew on the insights put forth in Habermas' (1987) theory that represented lifeworld and system. Similar to Habermas, the past collective "*aggregations of reproduced social relations, positions and practices*" represent established social systems elements that

*“influence behaviour in the present”* (Layder, 2006, p.280). Hence, social settings from Layder’s perspective involved interactive relationships that are governed by positions, status and practices associated with both formal and informal system elements.

While this suggests control by social structural systems elements on behaviour [agency], Layder (2006, p.281) was keen to stress that the influence of these elements were significant *“as far as the minds and behaviour of participants are concerned”*. From this stance individual agency was elevated in that:

*there is greater leeway for individual interpretation”..... how you behave.....has a great deal more to do with your personal identity and experience than with strict custom and practice.*

Layder (2006, p. 281).

However, while he put forth the individual’s agency based on their unique psychobiography, as a caveat he added that *“there are strict limits on the kinds of behaviour regarded as socially acceptable”* (Layder, 2006, p. 281).

Hence, it can be concluded that within this domain of social settings the agency of the individual is partially influenced by social system elements. His final social domain of contextual resources was posited as *“the most encompassing feature of the social environment”* (Layder, 2006, p. 281) depicting the impact these resources had on individual agency.

#### **4.5.4 Social Domain of Contextual Resources**

Layder (1997) presented the domain of contextual resources as inclusive of two constitutive elements; material and cultural resources. Material resources are connected to the uneven allocation of socio-economic goods that are *“aligned with social groupings such as those based on class, ethnicity, age, gender, status and so on”* (Layder, 2006, p.281). Cultural resources depict the *“ultimate source of societal values”* as understood from historically accumulated cultural resources such as *“knowledge, mores, artifacts, media representation, sub-cultural styles, fashion and popular culture”* (Layder, 2006, p.281).

In presenting contextual resources as a domain within his framework, one aspect of his focus was to expose the *“nature of situated activity and practices as they are experienced by the actors involved”* (Layder, 1997, p.115). From this perspective the

recognition and inclusion of contextual resources aims to understand the “*point of view of social actors and the manner in which they are linked to these resources*” (Layder, 1997, p.115). This formulated Layder’s focus on either enablement or constraint of the human being within the context of their social world. Enablement or constraint was therefore evidenced through the “*availability, accessibility, even absence of certain kinds of resources*” that contributed towards how “*a person’s behaviour is shaped by them [resources] making things possible (enablement) or closing down possibilities (constraint)*” (Layder, 1997, p.115).

In exploring both enablement and constraints on the human being, Layder focused on the necessity of exposing and exploring contextual resources from the perspective of their contributions toward inequalities in society. From this perspective the exploration of contextual resources is taken:

*“from an external vantage point that is independent of the perspectives and interests of the particular actors or social groups in an attempt to discern the patterning created by the distribution of resources”*

(Layder, 1997, p. 115).

Hence, the domain of contextual resources represents the interconnectedness of the agents’ current activity as it is shaped by pre-existing systems and contextual resources that are independent of human beings’ knowledge but also shape their current existence (Layder, 1997, 2006). From this perspective, Layder acknowledged the impact of both agency and structure on social existence as the interplay between “*reproduced elements*” and “*free form*” (Layder, 2006, p. 283). Reproduced elements representing structural influence are depicted as “*the socially defined and sanctioned aspects of social relations and the practices associated with them*” (Layder, 2006, p. 283). Conversely, ‘free form’ depicted human agency are represented as the situated activity of actors “*that involve the creative interpretation and modification of them [reproduced elements]*” (Layder, 2006, p. 283).

Layder’s (1997) Theory of Social Domains therefore represents a flexible, non-reductionist social ontology that equally addresses both agency and structure in revealing social existence. Within his framework no single domain has primacy; they are to be understood as multidimensional entities that are interwoven and interdependent. However, at the same time agency [contained within the domains of

psychobiography and situated activity] and structure [located in the domains of social settings and contextual resources] are also to be regarded as having relative autonomy as unique entities.

#### **4.6 Application of the Theory of Social Domains in this Study**

Layder's (1997) Theory of Social Domains provided the opportunity to explore particularly within the domain of psychobiography and situated activity; the research participants' sense of personal and social self as considered in this study's findings. The opportunity to unpack their sense of 'being with' others through their interaction with child and family services as a service user was of particular importance in examining their sense of social situatedness as teenage parent service users.

The domain of both social settings and contextual resources facilitated the ongoing exploration within this study of the impact social structures had on their lived experience. Of special consequence within this study is the recognition of the capacity of the individual to question and, indeed, challenge their existence within the context of resources that are currently available or not accessible to them in their lives as teenage parent service users. Conversely, it also facilitates the exploration of social structures that represent broader structural influences impacting on them, which the participants may not be aware of or have the capacity to change or influence. Thus, in considering both the subjective and objective realm of the participants' existence as teenage parent service users it is argued that depth understanding is achieved through the use of Layder's theoretical framework (Layder, 1997; Houston and Mullan-Jensen, 2011)

The consideration of both power and empowerment also formulate an inherent aspect of exploring the participants' lived experience in utilising Layder's (1997) theory. These concepts are utilised across the key domains within this framework in order to explore how power impacted as a social force on participants' experiences. This aspect of the discussion incorporates a consideration of both empowerment and disempowerment in considering power as a social force.

#### **4.7 The Conceptualisation of Power in Layder's Theory**

Drawing on Foucault's concept of power as omnipresent, Layder (1997) proffered that power as an entity represents an intrinsic element of social existence interwoven throughout the array of social domains contained within

his theory.

Foucault's depiction of power as being everywhere and emanating from everything represents this entity as being neither the possession of agency nor structure (Foucault, 1977; 1999). Foucault's notion of power challenged the concept of power as being concentrated, coercive and a possession that is deployed by powerful agents. Rather from his viewpoint power is an entity that is diffused throughout social existence, it is inherent in discourse as well as embodied and constitutive of individuals (Foucault, 1977; 1999). As such, Foucault represents power as an entity that is not centralised. It does not have a recognised source from which action stems but is representative of a broad array of practices (Foucault, 1977; 1999). From this viewpoint, power has the capacity to affect action, to infiltrate individual understandings and to shape societal viewpoints. Consequently, it threads through both individual agency and societal systems representing internalised understandings, societal judgments and systemic influences (Foucault, 1977; 1999).

Foucault's work exploring the concept of power within medicine, psychiatry and human sexuality expanded our understanding of this concept, acknowledging its influence in terms of both discipline and conformity (Foucault, 1977; 1982; 1999). His recognition of disciplinary and bio power reveal the capacity of this expert body of knowledge to socially control individual agency. This control he proffered is performed through social systems of surveillance and assessment such as health and education. These systems representing expert knowledge serve to define what is normal, acceptable or deviant. The impact of these systems of surveillance and control Foucault (1977; 1982; 1999) argued reflect a process of subjectification representing the objectification of individuals and through this making them social subjects. From this point of view, power reflects a process of subjugation of the individual with regard to socially controlling actions and behaviours.

While Layder (1997) supports Foucault's view of power as a pervasive entity he disagrees with the belief that the agent does not possess individual power. Layder's position of individual power emanates from Giddens' concept of transformative capacity (Giddens, 1982; 1984). Giddens' view of power is that of being a social factor that is both created by and influences agency and structure. From this perspective, power is an entity that is both used and created by human practices



while also serving to influence and limit agency.

However, in supporting the influence of both agency and structure within his theoretical framework Layder (1997, p.169) counters Giddens' proposition of power being "*exclusively tied to agency*". Layder (1997) argues that for agents to exercise power they must firstly have the capacity to access and possess resources. In acknowledging systemic and structural influences Layder puts forth his position on systems that counters Giddens' ideal of their formulation represented as the influence of actors' agency. Layder (1997, p. 170) argues that systems are representative of the outcome of actors' action as well as the differing forms of "*possession and closure of access to resources*". Layder (1997, p. 171) therefore links power to both structure and agency arguing that:

*power is inherently and logically tied to system elements as much as it is to the transformative capacities of human agents.*

In connecting power to both agency and structure Layder (1997) utilises Habermas's (1987) ideal of the lifeworld and system. Habermas's (1987) ideal of colonisation of the lifeworld by dimensions of power inherent within the social system is an aspect of Habermas's theory that Layder (1997) supports in his theoretical framework. Habermas's colonisation thesis espouses the impact and effect of social systems elements on the everyday lifeworld. Colonisation thus represents the inherent power of social systems to permeate and influence individuals and communities' everyday life and activities (Habermas, 1987). This process represents the inherent power of capitalist societies to both define and set the ideological imperatives that guide and influence the lifeworld. Thus from this perspective, the system reflects the powerful dominant ideology that shapes and moulds the everyday practices of the lifeworld (Habermas, 1987).

While supporting the ideal of colonisation by system elements of the lifeworld Layder challenged the ideal that power emanating solely from the system source is the only means in which power can be understood (Layder, 1997). Layder (1997, p 173) accordingly counters Habermas's conceptualisation of power by arguing that:

*Habermas conceives of the existence of power in the lifeworld in entirely 'pathological' terms as part of the domination of the capitalist system and its encroachment on even more areas of*

*everyday life.*

As such, Layder contends for the need to incorporate the existence of natural forms of power as understood from the individual perspective. Thus, Layder (1997, p.173) advocates the recognition of power as an “*intrinsic feature of individuals and their psychological makeup*” and as an emergent feature of “*the give and take of social encounters*”.

Layder (1997) therefore calls for the recognition of power both in terms of individual agency (lifeworld) and structure (systems elements) within his framework of social domains theory. However, while drawing on aspects of Foucault, Giddens’ and Habermas’ constructs of power he is also critical of their works arguing that “*none of these authors views power as a multi-form phenomenon*” (Layder, 1997, p.174).

In proffering a multi-form perspective of power Layder (1997) focuses on the concept of subjective power highlighting the psychological as well as the social dimension of the human being. Thus, Layder’s key contribution with regard to the understanding of power is that of subjectivity. He therefore suggests that:

*the question of power must be directly connected to the notion of the individual as a unique being with specific motives, personal qualities and changeable mood states. In this sense, the question of power refers to variable capacities of specific individuals- their abilities, inclinations and ambitions, as well as their psychological abilities to express whatever powers they possess and to take on power roles.*

(Layder, 1997, p.176).

In presenting subjective power Layder (1997) draws on Crespi’s (1992) ideals of inner and outer power. For Crespi (1992) subjective power reflects the capacity of the individual and groups to cope with contradictions placed before them in their everyday existence. For Crespi (1992) the ideal of contradictions centres on identity. Thus he argues that the individual has to:

*firstly define myself simultaneously as part of society, in order to be accepted by others, and as different enough not to be flattened by my social image.*

(Crespi, 1992, p.102).

This ability to cope with contradictions Crespi argues is closely linked with the

actors' definition of themselves, their social situations and intersubjective relations. Thus, from Crespi's point of view subjective power relates to 'inner power', which individuals utilise to reconcile the contradictions made evident to them between their personal inner world or lifeworld and their outer world, which are comprised of relations with systems, context and other people. From this perspective, Crespi is linking the agentic capacity of individuals with the impact social systems have on their subjective power. Thus, for Crespi 'inner power' is not representative of the exertion of power over another but rather the individual's capacity toward asserting their personal space using the process of resistance if needed. This ideal of 'inner power' therefore closely intertwines with Crespi's ideal of 'outer power'.

For Crespi (1992) 'outer power' represents the intersubjective relations between individuals in the social context. He argues that people share intersubjective activity or actor networks, which serves over time to create shared meanings, values and norms. These shared meanings are what represent the social systems and institutions within which individuals operate that work to regulate and guide individual conduct and behaviours. From this perspective, Crespi argues that relationships between individuals tie into material situations and institutional structures. In putting forth the ideal of 'outer power', Crespi looks to the innate capacity of the individual or group to interpret shared rules and norms and to adapt them to the particular actors' situation or action. The capacity and ability to interpret and adapt shared rules and norms to the individual situation represents the 'outer power' of the actor to shape their experience. In deploying both inner and outer power Crespi (1992) highlights the individual's personal sense of self belief and efficacy to make a difference to their life by enacting these forms of power.

Layder (1997) supports Crespi's conceptualisation of subjective power in outlining his notions of the individual's self identity, uniqueness and individuality. However, he challenges Crespi's notion of subjective power highlighting either duty or choice in its enactment. In this sense he is critical of Crespi's focus reflecting on:

*the person who dominates a relationship as the one who possesses power- as if the subordinate had no power, or did not use whatever resources are available to affect the balance of power.*

(Layder, 1997, p.180).

From Layder's (1997) perspective this aspect of Crespi's idea of power reflects the notion of sovereign power. Layder contests the black and white conceptualisation of power exercised as a matter of duty or choice. He argues that power does not necessarily reflect the focus of control with malicious intent as evident in sovereign power but it is rather to simply "*achieve desirable outcomes from the point of view of the person initiating things*". Following on from this, Layder (1997, p.180) suggests that subjective power reflects the capacity of all human action to "*make a difference*" to their existence, "*no matter how reduced or limited*" their subjective power may be and is not necessarily a tool for controlling others.

In putting forth the concept of subjective power, Layder (1997) also draws on the work of both Rawls (1987) and Goffman (1967). For example, he highlighted that Goffman:

*never explicitly addresses the theoretical issues of power and control in interaction.....there is much in what he has written that either incidentally or implicitly bears upon them.*

(Layder, 1997, p. 187).

However, in emphasising both Rawls (1987) and Goffman (1967) the point Layder is making in terms of both of these theorists' focus is on self care during interaction. From this perspective Layder (1997) draws on Goffman's ideal of the self as a sacred object in the context of interaction. From this he claims that the:

*question of power and control is brought into play in respect of considerations germane to the care and maintenance of selves during social encounters.*

(Layder, 1997, p.187).

While this focus reflects subjective power, Layder wishes to acknowledge the systemic influence of power within the context of interaction. Here Layder links both Goffman's (1967) interactionist viewpoint and Habermas's (1987) ideal of colonisation. In making this linkage Layder (1997) argues that everyday encounters are not hermetically sealed and are instead subject to the influence of wider social systemic forces. From this perspective, Layder (1997) is advocating the equal recognition of subjective power and systemic power within interactions.

While Layder does not clearly acknowledge Steven Lukes (1974/2005) ideal of power within his framework, inclusion in the context of this study's findings is reflected in the participants' lived experiences. Lukes (1974/2005) three dimensional view of power offers a vantage point from which to consider the ideals of 'power through', 'power over' and 'power to' in the context of this study.

Lukes' (1974/2005) three dimensional view of power offers an understanding of power that encompasses decision-making power, agenda-setting power, and ideological power. Lukes (2005, p. 37) defines power as:

*A exercises power over B when A affects B in a manner contrary to B's interests.*

What is of particular consequence in his definition is the ideal of 'interests' reflecting power's significance and evaluative position. Lukes differentiation of power into three dimensions includes firstly:

*a focus on behaviour in the making of decisions on issues over which there is an observable conflict of interest, seen as express policy preferences, revealed by political participation.*

(Lukes, 2005, p.19).

This one-dimensional focus on power reflects actors' interests with regard to want or preference ideals. This focus represented the decision making actions of powerful actors where influence over others could be both observed and devised.

Lukes (1974/2005) second dimension of power highlights the ideal of interest revealed as a process of inequality among actors in that not all actors' wants are imbued with equal weighting. This notion of power reveals the ideal of controlling the agenda through the exercise of non-decision making processes. From this viewpoint power is exercised via powerful actors controlling the agenda by neglecting or excluding issues in decision making settings. Within both of these dimensions of power the focus is on 'power over' highlighting processes of domination through either overt or covert means (Lukes, 1974; 2005).

Lukes (2005) further developed his conceptualization of power in his depiction of its third dimension. Within this third dimension Lukes (2005, p. 22) focus on "*the socially structured and patterned behaviour of groups, and practices of*

*institutions*". From this viewpoint Lukes (2005) highlighted the non conflictual effect of power as wielded by leaders through the influence of socialisation, mass media, information control and religiosity that can shape collective preference. Thus, this form of power reflects ideological understandings that have the potential to shape lives.

This depiction of power reflects Bourdieu's (1979/1984) notion of habitus as discussed earlier in this chapter (section 4.3.3) highlighting the dominant focus of power enacted through the medium of naturalisation. This naturalisation reveals the subjective acceptance of actors in the context of their shared social existence of social processes that appear natural to them but may, however, be unequal or even unjust. For Lukes this naturalisation reflects the invisible power of leaders to instil within the collective consciousness an internalised disposition resulting in the misrecognition of 'real interests'.

Lukes (2005, p.25) highlighted the insidious nature of power in which "*A exercises power over B by influencing, shaping or determining his very wants*" through a process of social programming. Lukes (2005) argued that the power of these mediums lies in their ability to shape collective preferences in such a way that actors view their situational context as naturally occurring. This he claims reveals a lack of awareness among actors as to their 'real' interests grounded in a non conflictual acceptance of ideological understandings. This depiction of power reflects the process of power through ideological understandings to shape and mould existence.

However, Lukes (2005) also referred to the ideal of 'latent conflict', which he related to real interests in his framework. Lukes argued for the existence of latent conflict that depicts the use of power by leaders at the cost of the 'real interests' of those without power. From this vantage point Lukes stated that if the powerless possessed the realisation of what was their 'real interest' then latent conflict would become overt. This viewpoint suggests power over individual actors reflecting 'false consciousness' linked with ideological understandings. Nevertheless, Lukes also presents in his framework the notion of consciousness by actors of dominant oppressive structures. From this state of consciousness actors exercise choice in the form of compliance linked with their purposive intentionality. While limited in acting within the context of oppressive structures the capacity of actors to choose

and act reflects ideals of 'power to'. This capacity however is clearly influenced by a form of domination in what Lukes (2005) highlights as a thin sense, that is, mere resignation to dominant values. What is clear within Lukes' framework is the influence of power as a dominant force irrespective of the presence of false consciousness or, indeed, heightened awareness of oppressive structures of existence. His framework offers a vantage point to explore within its three dimensional focus the concepts of power through, power to and power over (Lukes, 2005).

Gaventa's (1980) model of power integrates Lukes' (1974) three dimensional view of power to explain the concepts of 'powerfulness' and 'powerlessness' linked with social inequality. His model drawing on Lukes' work reveals the direct and indirect means by which powerlessness is created and maintained in the social context. He exposes powerlessness as being a social position reflected in both social inequality and disempowering social processes. His depiction of the internalisation of powerlessness conditioned by social processes exposes power as an 'invisible' form in which consciousness and action is conditioned by social norms. He thus acknowledges the focus of 'power within' focusing on processes of empowerment to build on self esteem and efficacy in order to challenge dominant social norms. Both Gaventa (1980) and Lukes (1974) have added to the understanding of power, revealing dimensions of this concept that include 'power to' and 'power within'. Gaventa's (2006) power cube offers a means to reveal the key dimensions and forms of power giving recognition to the spaces and places for levels of participation. In his presentation he recognises spaces:

*...as opportunities, moments and channels where citizen's can act to potentially affect policies, discourses, decisions and relationships that affect their lives and interests.*

(Gaventa, 2006, p.26).

These spaces or opportunities to participate in, Gaventa (2006) categorises as closed/invited and claimed/created revealing the power relations that both shape and define these spaces extending from closed boundaries to self created spaces of participation. In sketching out these spaces of participation Gaventa argues that the role of civil society is as an advocate to engage with places,

representative of power and spaces operationalised by the empowered elite. In this sense Gaventa is reflecting the places of power in which these spaces exist following on a continuum of locations of power occupied by the powerful elite to locations of everyday life where power in essence needs to be built from below.

In depicting both spaces and places Gaventa outlines the forms and visibility of power. In presenting forms of power Gaventa (2006) drew on the work of VeneKlasen and Miller (2002) that depicted these forms as visible, hidden and invisible power. In this depiction of power the ideal of powerfulness is evident in both visible and hidden forms of power through domination, control, decision making and agenda setting. While within hidden power the insidious nature of power is portrayed as shaping meaning with regard to actors' beliefs, status and sense of self.

These forms of power represent a negative view of power, which is viewed as controlling, dominant and insidious, as empowering the powerful and disempowering the powerless. However, in advocating the ideal of empowerment Gaventa (2006) argues for the potential to change power relations through collective action, increased awareness and consciousness building in order to enhance the transformative capacity of those deemed powerless in these power relations. Thus, for Gaventa (1980; 2006) empowerment enacted through changing power relations is viewed as an imperative.

The different dimensions or forms of power have clear implications in how empowerment is understood, enabled and enacted (Rowlands, 1997; Gaventa, 1980; 2006). Rowlands' (1997) categorisation of power relations reveals how different understandings and manifestations of power impact on the understanding of empowerment and how it is enacted. These categorisations include:

- power over- reflecting both the ability and capacity to influence, coerce and control. This form of power may include processes of resistance or compliance;
- power to- reflecting transformative power that serves to create new possibilities and change existing hierarchies. This form of power



includes processes of resistance or manipulation without the use of domination;

- power with- this reflects power enacted and achieved through collective action;
- power within- this reflects power as individual consciousness including processes of self esteem, self respect as well as acceptance and respect for others as equals;

Relating these categorisations of power to the concept of empowerment reveals that the manner in which empowerment is achieved is closely related to how power relations shapes opportunity, choice, capacity and control in the context of individuals' social existences (Rowlands, 1997; Gaventa, 1980; 2006). For example, empowerment linked with the view of power as 'power over' reveals the notion of power as a finite resource that must be owned and won. It reveals a process of ownership of power by the dominant (powerful) who in essence choose to bestow power on others. The achievement of empowerment in this context involves collective action to challenge and, indeed, change dominant forms of social power. In so doing the collective shared focus is to collectively enhance social justice, equality and democracy (Lukes, 1974; 2005; Rowlands, 1997; Gaventa, 1980; 2006).

The notion of collective action also relates to the concept of power as 'power with'. From the perspective of considering empowerment related to this concept of power the focus is on collective action creating joint strength, solidarity and collaboration. Thus, in this context, empowerment is facilitated through collective action in challenging dominant social structures in society. Again, the focus of this mutually shared action is around the achievement of social justice, equality and democracy (Lukes, 1974; 2005; Rowlands, 1997; Gaventa, 1980; 2006).

The previously presented ideals of power influence the conceptualisation of empowerment at the collective level. The ideal of 'power to' focuses on the enactment of empowerment at a more personal level. This notion of power acknowledges the enactment of empowerment focusing on the uniqueness of individual potentiality. It therefore highlights the potentiality of each person to

shape their existence. The focus here is on the idea of individual action provided in tandem with mutual support that can make a difference. From the context of individual potentiality being achieved through processes of mutual support it is linked to the ideal of 'power with' drawing on shared support to enhance individual potentiality (Lukes, 1974; 2005; Rowlands, 1997; Gaventa, 1980; 2006).

The final conceptualisation of power relates to 'power within', which reflects the innate psychological aspect of power reflecting the individual's personal sense of self acknowledging self worth, esteem and efficacy. Empowerment in the context of this concept of power reflects enablement of individual capacity and capability to enact change in achieving personal goals, aims and ambitions (Lukes, 1974; 2005; Rowlands, 1997; Gaventa, 1980; 2006).

The manner in which power influences opportunities to achieve empowerment has led to a variety of theoretical interpretations as to what exactly empowerment is and, indeed, how it can be achieved (Rowlands, 1997). Empowerment has thus been theorized as encompassing different levels, these being psychological, organisational, and community levels (Kanter, 1977; 1993; Rappaport, 1984; 1987; Wallerstein, 1992; Zimmerman, 1995; 2000). Rappaport (1987) outlined three levels of empowerment reflecting the personal, shared group and community levels. From this perspective, the understanding of empowerment is focused on gaining increased control and influence over one's personal life (personal), control and influence gained from collective actions (shared group) and increased utilisation of resources and strategies to enhance community control (community). Similarly, Wallerstein (1992) describes empowerment as a process of social action that encourages goal orientated action across the levels of individual, organisation and community to increase control, political efficacy, improve community life and social justice.

From these brief descriptions, what becomes evident is an understanding of empowerment as a process that encompasses both the macro (social systems and collective actions) and micro perspective (individual experience and psychological perspective). These viewpoints are clearly represented in the theoretical perspectives of critical social theory, organisational theory and social

psychological theory addressing empowerment.

Critical social theory focusing on processes to achieve social equity and justice reveal the concept of empowerment as transformative and emancipatory (Friere, 1972; Habermas, 1987). This focus is on the structures or systems within society that exert 'power over' peoples' existence through the medium of domination or control. From this theoretical stance enablement to overcome domination is a key focus. Thus the ideal of empowerment from this perspective serves to enhance the power of disenfranchised or subordinate groups who are oppressed by the powerful in society. In this sense empowerment involving an increase in power for the subordinate group means a loss or surrender of power for the powerful group. From this perspective empowerment reflects a focus on collective capacity to achieve change in the power relationship between the powerful and the powerless (Friere, 1972; Habermas, 1987). Its focus is thus on emancipation and liberation often including a struggle between those seeking and those possessing power (Friere, 1972). In terms of the achievement of empowerment within this context, the outcomes of social equality and justice are the prevailing goal. Thus, collective social action is an imperative in enacting the process of empowerment within this theoretical perspective.

Organisational theory offers another perspective in considering empowerment focusing on the distribution of power and opportunity to enhance a sense of control (Kanter, 1977; 1993). In enhancing a sense of control, the key elements of access to resources, support and information are viewed as crucial in increasing opportunities for action (Kanter, 1977; 1993). Within this context empowerment is linked with the capacity to act connected with accessibility to resources, support and information. From this perspective, it is suggested that empowerment as a process reflects environmental factors that enhance the provision of opportunity to exercise a course of action successfully (Kanter, 1993). Thus, power within the environmental context is a key consideration linked with empowerment in organisational theory (Kanter, 1977; 1993).

The previously discussed theoretical perspectives focus on the collective view of empowerment. A contrasting perspective is the individual view of empowerment reflected in social psychological theories (Cooley, 1902; Mead,

1934; Ferstinger, 1954; Rosenberg, 1979; Bandura, 1982; Rappaport, 1984, 1987). This theoretical viewpoint considers empowerment from the individual viewpoint arguing that empowerment is a psychological experience (Cooley, 1902; Mead, 1934; Ferstinger, 1954; Rosenberg, 1979; Bandura, 1982; Rappaport, 1984, 1987).

Layder's (1997) acknowledgement of both Rawls (1987) and Goffman's (1967) theoretical focus on self care during interaction, as debated earlier, revealed the inherent influence of power relations within these contexts. From this viewpoint, empowerment within interaction considering social psychological theory that reveal the sense of social self shaped through interaction was considered in this study (Cooley, 1902; Mead, 1934; Ferstinger, 1954; Rosenberg, 1954 ).

Cooley (1902) and Mead's (1934) theories outlined earlier in section 4.3.2 highlighting both the personal and social self reveal the power of social systems and social interaction for shaping the sense of self. Of particular note within Cooley's (1902) theory was the personal assessment of self-worth based on the imagined or perceived judgment of others. Similarly Ferstinger's (1954) theory exposes the functionality of social comparison in judging or comparing oneself to others. Thus, social comparison theory has a clear influence on the sense of self related to the individual's personal sense of their attributes when compared to others. The consequences of either upward or downward comparison to others serve to shape the sense of self either positively or negatively. Ferstinger's (1954) theory revealed the potential of comparison to others acting as a social force in promoting uniformity amongst individuals. The influence of comparison that is either viewed of in a superior or inferior light, directly influences self-perception linked with a sense of self worth and esteem.

Rosenberg's (1979) theory on self-esteem measurement revealed the concept that it included a variety of attitudes linked with emotional or evaluative reactions. These reactions incorporated views of approval, disapproval, habits and behaviours used to evaluate ones personal sense of self worth or value. This personal appraisal or evaluation contributing toward the individual's sense of self worth, value and esteem is influenced by the person's social structural context that serves to shape their appraisal of self.

Bandura's (1982) cognitive social theory focusing on self-efficacy links closely with the sense of personal and social self put forth in the preceding theory. Bandura (1982) argued for self efficacy, reflecting a sense of personal belief in one's capabilities and competence shaped by both perceptions of the self and social experience. His theory reveals how personal perceptions of external social factors are influential with regard to the individual's sense of capability, competence and self belief. Bandura (1982) highlighted individual levels of self-efficacy, which he argued were influential in terms of the individual's perceived sense of control over their existence. Thus, high self-efficacy encompass a sense of personal control linked with decisions and actions affecting personal life, while conversely low self-efficacy contributes to a feeling of a lack of control over one's personal life. The aforementioned social psychological theories emphasise the sense of self shaped by personal experience and social interactions and serve to highlight how empowerment is considered at the individual level.

Individual empowerment as a process focused on personal growth and development include the understanding of the individual's unique values, beliefs and perceptions (Rappaport, 1984; 1987). These values include, as discussed above, the individual perspective with regard to the sense of personal and social self incorporating self worth, value and esteem. Thus, this form of empowerment reflects a focus on individual experiences of power and on psychological enablement inherently grounded in the person's self concept (Rappaport, 1984; 1987). In considering enablement as an inherent aspect of this form of empowerment the focus is on the enhancement of individual self-esteem, worth, value and efficacy (Rosenberg, 1979; Bandura, 1982; Rappaport, 1984, 1987). Inherent within this theoretical perspective is the achievement of self-determination allied with developing a personal sense of control and autonomy (Rosenberg, 1979; Bandura, 1982; Rappaport, 1984, 1987). In achieving the goals of control and efficacy, emphasis is placed on facilitation through the processes of consciousness raising, enhancing personal capacity and capability linked with the development of self concept (Bandura, 1982; Rappaport, 1984; 1987).

While Layder (1997) did not specifically address empowerment as a concept in his

framework his focus on social enablement and constraint served as a means to explore the influence of power on this concept in the context of this study's findings. Therefore in the context of this study's findings the achievement of empowerment at both the micro and macro level reflects the view of power as omnipresent (Foucault, 1977; 1982 1999; Layder, 1997). Thus, in order to consider empowerment the effect of power threading across the social domains of psychobiography, situated activity, social settings and contextual resources were considered.

#### **4.8 Conclusion**

This chapter has outlined the rationale for adapting critical realist principles and Layder's (1997) Theory of Social Domains in this study. This renewed focus reflected the need to explore the impact social existence had on the participants' lived experience. Within this study the depth exploration of this existence acknowledging both the subjective and objective realms of social existence reflects the final stage of data analysis outlined in Ricoeur's theory of interpretation revealing depth understanding (Ricoeur, 1976, 1991). Layder's (1997) Theory of Social Domains provides the means to explicate depth understanding of participants' lived experience incorporating the personal, interactional and contextual aspects of this existence. Layder's (1997) theory encompassing critical realist principles will facilitate the exposition of social structures that have either enabled or constrained participants' existence as teenage parent service users. It also enables the exposition of the participants' agency existing with these social structures. From this perspective, the adaptation of critical realist principles through the use of Layder's theory facilitates acknowledgement of both structure and agency linked with these participants' existence. The following chapter outlines this study's design and implementation firstly reflecting the Heideggerian interpretive phenomenological approach and secondly, the use of Layder 's theory in achieving depth understanding as outlined in Ricoeur's Theory of Interpretation (Ricoeur, 1976, 1991).

## **Chapter 5: Study Design and Implementation**

### **5.1 Introduction**

This chapter presents Heidegger's phenomenology in the context of the application of his central tenets to this research study's chosen hermeneutical interpretive method, as well as the decision trail made with regards to data collection and analysis as guided by the philosophical underpinnings of his philosophy. Layder's Theory of Social Domains (Layder, 1997) is presented as part of the analytical process utilising Ricoeur's final stage of analysis in reaching depth understanding, this focus is presented in more depth in chapter six (Ricoeur, 1976, 1991). Other key elements of the research design presented in this chapter include the sampling and recruitment strategy employed, including the determination of rigour and ethical principles considered in this study. The subsequent section now outlines the use of the hermeneutical interpretive research method employed in this study.

### **5.2 Using the Hermeneutical Interpretive Research Method in this Study**

The hermeneutical interpretive research method was initially chosen to conduct this study as it provided an opportunity to acknowledge and explore 'lived experience' through the written text (Ricoeur, 1976; Omery, 1983; van Manen, 1984, 1990, 1997; Benner, 1994; Koch, 1996, 1999; Caelli, 2001). This 'lived experience' explored the research participants' subjective interpretations of 'being teenage parent service users' and represented a co constituted interpretation of this phenomenon (Ricoeur, 1976; van Manen, 1984, 1997).

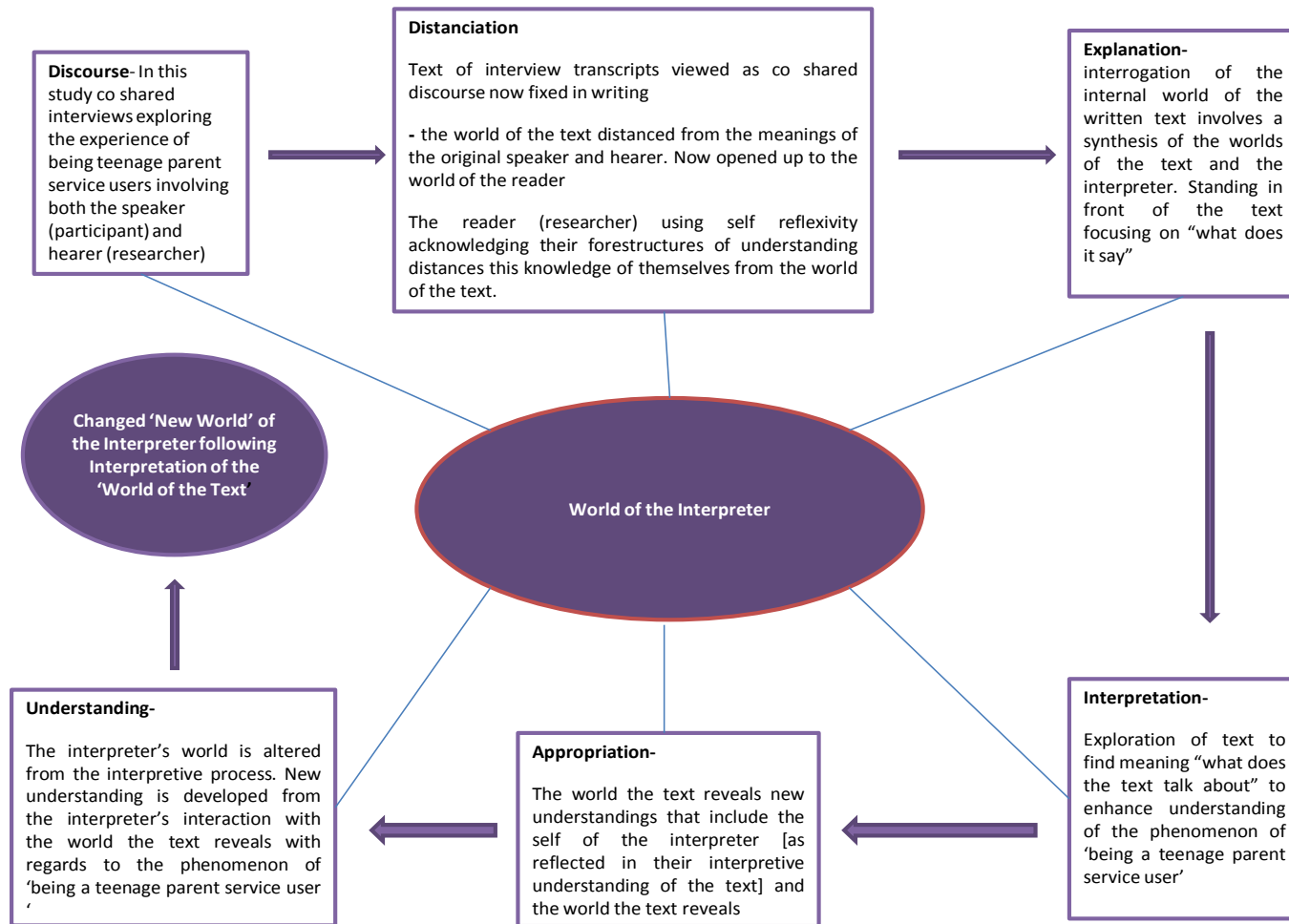
Within this study, discourse was acknowledged as the teenage parents' capacity to meaningfully articulate their personal understanding and interpretation of 'being a teenage parent service user' in a shared collaborative fashion with the researcher (Heidegger, 1927/2011). Heidegger's concept of discourse facilitated the illumination of the participants' views and experiences from the context of emphasizing both understanding and interpretation through shared language (Heidegger, 1927/2011). Ricoeur's (1976) concept of discourse as represented by the individual spoken word or speech facilitated the recognition of the participant voice and expressed views. As such, the chosen method of collecting data in this study reflected the linguistic

process of a co created interview to explore the phenomena of 'being a teenage parent service user' (Heidegger, 1927/2011).

Tenets of Heidegger's philosophy acknowledging factual temporal existence recognizing participants' future, past and present context of 'being a teenage parent service user' facilitated the exposition of this existence during the interview (Heidegger, 1927/2011). Interpretation of the transcribed interviews was enacted through the use of Ricoeur's theory of interpreting text (Ricoeur 1976). The rationale in utilising Ricoeur's theory was his acknowledgement of the potential of the written text to open up or reveal a world (Ricoeur, 1981). Ricoeur's theory also acknowledged Heidegger's ideals of 'being in the world' and 'being with others' through the process of discourse [co created interviews] and interpretation of written text [analysis of interview transcripts]. In the context of this study his theory facilitated exploration of the phenomena [being a teenage parent service user] using an iterative process that facilitated explanation, and comprehension (Ricoeur, 1976;1981) The following provides a brief overview of the application of Ricoeur's theory of interpreting text within this study represented in figure 5.1 (Ricoeur,197



**Figure 5.1 Diagrammatic Representation: Application of Ricoeur's Theory in this Study**



### 5.2.1 Application of Ricoeur's Theory of Interpretation in this Study

In presenting the application of Ricoeur's theory of interpretation the discussion centres on the application of this theory in the context of both collection and analysis of the data in this study. At the start of both collecting and analysing the data I was reminded of a quote from a poem written by the Irish poet William Butler Yeats titled "He Wishes for the Cloths of Heaven". The closing lines of this poem I likened to my personal aim in interpreting the world of the teenage parent as a service user in this study. Yeats writes:

*I have spread my dreams under your feet. Tread softly because  
you tread on my dreams.*

In the context of my role as both listener to the participants' stories and as interpreter of the 'world of the written text', I saw myself as needing to 'tread softly' both in the discursive interaction of the interview and in interpreting the world of the participants who shared their experiences with me. I equated the notion of 'treading softly' to my need to maintain a heightened awareness of my 'forestructures of understanding' utilizing Ricoeur's principles of distanciation and appropriation (see chapter 3.7) (Ricoeur 1976, 1981).

Ricoeur's theory of interpretation (1976, 1981) enabled me to remain true to the interpretive process throughout the discursive interaction of collecting the data during the interview and in interpreting the text and the world it revealed. Ricoeur's stages of interpretation moving from naïve to depth understanding facilitated the incremental approach adapted in this study in adapting a critical realist focus. Thus, depth understanding represents both the subjective and objective realm of social existence (see chapter eight). Chapter six makes explicit the practical application of Ricoeur's theory reflecting both the subjective and objective realm. The following section now explores the practical application of Ricoeur's theory during the data collection phase of this study.

### 5.3 Data Collection

The chosen method of collecting data in this study reflected the linguistic discursive process of a co-created interview that explored the phenomena of 'being a teenage parent service user' (Ricoeur, 1976, 1981). This placed emphasis on Ricoeur's

notion of discourse which revealed the world through the subjective articulated views and experiences of the speaker [participant] and the hearer [researcher] (Ricoeur, 1976, 1981). In the context of this study unstructured interviews were chosen to facilitate open discourse between both the speaker and the hearer (Ricoeur, 1976, 1981). Parahoo (1997) highlights the inherent differences in using various interview formats, and argues that within qualitative research achievement of flexibility, versatility and freedom of expression is characterized by the use of unstructured interviews. The ability to maintain flexibility and enhance freedom of expression was considered a key element in enhancing the discursive interaction between the adult interviewer and the adolescent/teenage interviewee in this study (Pinto, 2004; Dockett and Perry, 2007; Mack et al., 2009). Emphasis was placed on facilitating participants to talk freely about their experiences in the context of a shared open discourse (Ricoeur, 1976; 1981; Parahoo, 2006, 1997). In the context of this open discourse the focus in this study was to explore with participants the phenomena of 'being a teenage parent service user'.

One core open ended question was initially asked of participants in order to invite participants to recount their views and experiences of 'being a teenage parent service user', this being; "Can you tell me what your view and experience as a teenage parent and service user is of universal child and family health care services in the community?" The aim of limiting the questioning to one core question was to firstly focus the participant on the topic and secondly to facilitate participants to tell their individual story with the researcher role being one of attentive active listener (Ricoeur, 1976, 1981; Chase, 2005). Pinto (2004) advocates the imperative to listen attentively to the adolescent/teenage participant in order to enhance a sense of respect and rapport between the interviewer and the interviewee and provide a sense of value with regards to the interviewee's input.

Other questions were included in the interview guide but were only utilized during the interview as a prompt if required. The literature advocates when researching with adolescent/teenagers the use of prompts as potential "additional versions of the research question" (Mack et al., 2009, p. 450) and also to explicate more detailed in depth responses or clarification (Greig et al., 2013). The interview guide

used was initially developed from the literature review and was later modified following the pilot interview (see section 5.4 of this chapter). The guide was further developed as part of the reciprocal process of data analysis and identification of key concepts (see Appendix One). Further questions were asked during the interview to seek clarification or further explanation as opposed to directing or formatting the interview process (Chase, 2005). Predominantly these information seeking questions included asking the participants open ended questions such as, “Can I ask you to expand on this...”, “Can you tell me what you mean when you say...”, Can I ask you to explain to me how this made you feel...”. From this stance the interview was viewed as one of an open discourse that involved facilitation of the participants to ‘tell their story’ remembering their experiences and articulating their views of ‘being a teenage parent service user’ in a co created process (Ricoeur 1976, 1981; Chase, 2005).

A total of 28 individual interviews were conducted. 45-60 minutes approximately was initially allocated per interview; the time allocated was approximate and remained flexible. Within the study the interview times ranged from between 20 to 60 minutes, with the average time being 40 minutes. Interviews were conducted at a time, date and venue of the participants’ choice to afford a sense of control and autonomy. Participants were assured that their confidentiality and anonymity would be maintained (Gans and Brindis, 1995; Mack et al., 2009). Interviews were transcribed contemporaneously during data collection. This facilitated the initial process of data analysis in fixing discourse in writing, creating an autonomous work with a focus of distancing both the speaker [participant] and the hearer/writer [myself as researcher]. This process facilitated my initial objective analysis of the written text (Ricoeur, 1976, 1981). Prior to commencing interviews for the purpose of data collection a pilot study was undertaken the details of which I outline in the subsequent section.

#### **5.4 Pilot Study**

Two pilot interviews were conducted with two teenage parents aged 14 and 19 years old. Both of these participants volunteered to be part of the pilot study. My rationale in conducting these interviews was firstly to establish if the process of conducting

unstructured interviews was suitable for use with teenage participants. Secondly if the use of one core question was an appropriate means of eliciting the views and experiences of participants. Thirdly, to elicit from the pilot interviewee's if I needed to amend or change my approach to the interview.

Before conducting the interviews I noted in my personal reflections that I had a heightened awareness that I could be perceived by these interviewees as an older woman in essence prying into their world. I noted from my diary that I was concerned as to whether this age difference would be a barrier in the two-way communication process that I hoped would evolve. I wondered would I be able to facilitate a relaxed non-threatening interview that made the interviewees feel at ease in revealing their views and experiences.

Prior to commencing the pilot interviews I introduced myself as a PhD student. I deliberately did not inform the interviewees of my professional past experience as I was concerned I would in some way influence their responses if they were aware I was previously a practicing nurse and midwife. I explained the focus of the study and reassured the interviewees that there was no right or wrong answer but rather what I wanted to hear was their personal views and experiences. I also explained that whatever views they expressed would remain confidential and that their anonymity would be maintained during transcription, analysis and presentation of the findings.

I found conducting the pilot interviews useful for a number of reasons. Firstly, the opportunity to practice conducting unstructured interviews with teenage parents alerted me to the absolute imperative to create a non-threatening relaxed environment. I found the interviewees feedback very useful in this regard. They both informed me they were nervous of being interviewed in that they might not 'know' the answers to my questions. When I reassured them that there was no right or wrong answer and that I wanted to hear their personal story of using services they felt more at ease. They also informed me that they felt comfortable talking to me and that they felt I was really listening to what they had to say. One of the participants advised me to dress down a little as their first impression of me wearing a jacket was that I was very official looking. They informed me that a casual look would perhaps make

young teenagers feel more at ease. I found this very helpful advice and maintained a heightened awareness of my sense of dress during data collection for this study. Both participants also informed me that they both had a sense that I was either a nurse or from the medical profession. When I probed this with them one participant informed me that they had a sense I knew a lot about how services operated. This proved particularly useful to me as I realised I needed to maintain a more heightened awareness of my presuppositional knowledge during interview.

Of particular note from conducting the pilot interviews was learning about the value both interviewees placed on being given an opportunity to express their views and opinions freely. Both of the interviewees felt that it was great that someone was listening to the teenage parents' views. They felt that I was working with them in a non-judgmental way and that what they said was important. This feedback highlighted for me the importance of working cooperatively with participants, of listening attentively and of giving full non-judgmental attention to the interviewee during the interview process.

I learned a considerable amount from conducting the pilot study. I had a renewed heightened awareness of my presuppositional knowledge which I maintained throughout both data collection and analysis. I brought with me the importance of creating a non threatening, non-judgmental environment during the interview in order to facilitate the interviewee to freely tell their story. The subsequent section now outlines the sampling and recruitment strategies employed in accessing participants for this study.

### **5.5 Sampling Strategy**

Research participants were selected through the process of purposive sampling allowing me to deliberately choose "the best available people to provide data on the issues being researched" (Parahoo, 1997, 2006). As already debated (see chapter 1.6) one of the criterion shaping participant selection was that the teenage parent had experience of being a recipient of universal child and family health services as a service user. These participants were best placed to tell their story of being a teenage parent service user (Heidegger 1927/2011; Parahoo, 1997, 2006).

On initially planning this study, it was decided that if purposive sampling did not elicit the necessary response in terms of accessing participants, a process of snowballing as a means of expanding the potential sample would be employed. This was to be achieved by asking existing participants to inform others who fitted the study inclusion criteria and who wished to participate in the study (Patton, 1987, 2002; Denzin and Lincoln, 2013).

### **5.5.1 Selection Criteria**

As previously debated (see chapter 1.6) the following inclusion criteria was utilised for this study. The exclusion criteria were decided on age range excluding participants over 21 years of age.

#### **5.5.1.1 Inclusion Criteria**

- Teenage parents, mothers or fathers (aged between 13-20 years old)
- Teenage parents who have a child or children (aged between 1month-5 years old)
- Teenage parents who are living independently
- Teenage parents who are living with their parent/s or guardian.

#### **5.5.1.2 Exclusion Criteria**

- All teenage parents older than 21 years old.
- 

### **5.5.2 Sample Size**

While within qualitative research there is ambiguity re sample size, a cohort of 30 participants was initially targeted to reflect perspectives nationally and to facilitate the potential opportunity for data saturation to be achieved (Ritchie et al., 2003; Mason, 2010; O'Reilly and Parker, 2012). A total of (n=28) participants were actually recruited for the study. The decision to conclude the recruitment at 28 participants was linked with the achievement of data saturation at this point.

The issue of when data saturation is achieved or indeed how this is proven within research studies is contested in the literature (Ritchie et al. 2003; Mason,

2010; O'Reilly and Parker, 2012). In the context of this study consideration was given to the researcher's ontological stance that the exploration of the meaning of the participants' lived experience as 'teenage parent service users' acknowledged the potential for 'multiple realities' to be revealed (Weaver and Olson, 2006; Welford et al., 2011). This stance challenged the researcher's decision as to when data saturation was actually achieved in this study. Thus, throughout each stage of the analysis the transcriptions were analysed on several occasions with a view to exploring the potential for 'multiple realities' in revealing 'new emergent' codes other than what had already been revealed. In an effort to make explicit this iterative process, chapter six provides a detailed account of the data analysis process used.

During the iterative process of analysis it was felt that in analysing the participant transcripts from participant 20 to 24 no new data was being revealed. However, at this point the researcher remained uncertain as to whether data saturation was being achieved. The subsequent analysis of the transcripts for participants 25, 26, 27 and 28 confirmed the sense of no new emergent data being revealed and I decided at this point that data saturation was achieved (Ritchie et al., 2003; Mason, 2010; O'Reilly and Parker, 2012). Thus, my decision not to recruit subsequent participants was taken with a total cohort of (n=28) participants included in the study. The subsequent section now outlines the practical detail of the recruitment strategy employed in this study.

### **5.6 Recruitment Strategy: Accessing Participants**

The literature reveals that accessing teenagers as research participants' requires considerable effort and planning (McCormick et al., 1999; Lamb et al., 2001; Villarruel et al., 2006). The experience of accessing participants for this study echoes the literature revealing a challenging journey. While this recruitment strategy is presented as key phases; the strategy incorporated many convoluted turns with the need to reconsider and reflect on the strategic approach initially developed and employed (presented as phase one). Prior to developing phase two of the recruitment strategy it was necessary to stop, reflect, revisit the literature on recruiting teenage participants and review why phase one of this recruitment



strategy had failed.

### **5.6.1 Recruitment Strategy: Phase One**

The recruitment strategy initially employed to access participants was to liaise with respective Directors of Public Health Nursing in order to access teenage parents on individual Public Health Nurses caseloads. The rationale in choosing to access participants via this medium was firstly because the researcher was known in the Public Health Nursing world. The literature highlights the importance of building a relationship of trust with key persons who have the potential to facilitate access to participants (Lamb et al., 2001; Villarruel et al., 2006). In the context of this study the researcher was known to most of the Directors of Public Health Nursing nationally and the researcher also had 'insider' knowledge of the structure of public health nursing services (Lamb et al., 2001). Lamb et al. (2001) highlights the importance of having contact with key people through the establishment of relationships, open lines of communication and the provision of information as required. Again in the context of being known to the Directors of Public Health Nursing, accessing teenage parent participants was viewed as being feasible because the processes of a pre-existing relationship and open lines of communication with Directors of and indeed some of their team members was already in place.

A total of 10 Directors of Public Health Nursing nationally were written to seeking their permission to access participants through their public health nursing teams. This yielded a very positive response with eight directors agreeing to meet with their teams and inform them about the study. Two directors requested me to attend their team meetings personally to present the study to the team and field any questions or queries the teams may have. Again this process of briefing the public health nursing teams yielded a positive result with all of the team members agreeing to facilitate distribution of participant information packs to teenage parents on their caseloads who were potential eligible participants.

In ensuring the autonomy and rights of the teenage parent was recognised it was clearly stipulated to the public health nursing team members that it was the participants right to volunteer to become a participant in the study. Therefore, Public

Health Nursing practitioners were asked to inform potential eligible participants about the study, provide the participant information pack and let the decision to participate be solely the persons individual choice (Alderson, 1995; Holloway and Wheeler, 1996; Greene and Hogan, 2006; Heath et al., 2007). From these interactions with the Directors of Public Health Nursing and their team members a total of 170 public health nurses were written to nationally seeking their support to inform potential participants about the study. Each nurse was provided with three participant information packs to distribute to potential eligible participants.

A number of options were provided to the potential applicant interested in participating in the study. These options included; public health nurses advising potential participants that if they wished to participate they could complete the consent/assent form and return it to me in the stamped addressed envelope. If potential participants had any questions or queries, in an effort not to incur any expense on the person, if they wished to provide their contact number to the respective public health nurse I would contact them to field any questions they may have. Alternatively potential participants could ring me directly if they so wished.

The response yielded from this initial strategy was poor; a total of thirty two public health nurses contacted me personally to inform me that they had potential participants in their caseload who fit the inclusion criteria. From these public health nurses caseloads five signed consent forms (see Appendix two) were received from teenage parents interested in participating in the study. As a follow up to this poor response rate, each individual public health nurse was sent a follow on letter asking if any potential participants had shown interest in participating in the study and providing my contact details should potential participants have any further queries. This follow up strategy yielded a response rate of two participants contacting me directly about the study; both of these participants agreed verbally over the telephone to participate in the study and subsequently sent me their signed consent forms.

Thus, with regards to the initial strategy of accessing participants through the public health nursing teams, a total of seven participants initially agreed to contribute in

the study. However, following this initial agreement, four participants decided not to contribute. In upholding and respecting the autonomy and right of the participant to withdraw [dissent] from the study at any point I did not question their rationale in making this decision (Heath et al., 2007). The three remaining participants did not attend for interview and attempts to contact the participants by phone yielded no responses. Therefore the initial strategy [phase one] of accessing participants through the public health nursing teams yielded no participants for the study.

At this juncture it was necessary to completely reconsider the strategy to access participants through the public health nursing teams. In an effort to redevelop a more effective recruitment strategy the literature on recruitment of teenage participants was revisited. This proved an insightful exercise revealing that while access to participants through key persons was an imperative, so too was the importance of the researcher being known to the potential participants in eliminating barriers and creating a relationship of trust (Alderson, 1995; Holloway and Wheeler, 1996; Greene and Hogan, 2006; Heath et al., 2007). This knowledge prompted me to reflect on my assumption that being known by key persons who could access participants was not sufficient for the success of the recruitment strategy. In my naivety I had assumed that knowing the public health nursing management and teams would suffice to access participants. What I had failed to consider was the participants' rights to know me and to exercise their right to; understand the study, their potential role as participants and their autonomous choice to become involved in the study (Alderson, 1995; Holloway and Wheeler, 1996; Greene and Hogan, 2006; Heath et al., 2007). Thus, phase two of the recruitment strategy was developed to facilitate opportunity to personally meet with potential participants to explain and discuss who I was, my rationale for conducting this study, discuss the study itself and personally seek their involvement as participants in the study (Lamb et al., 2001; Villarruel et al., 2006).

### **5.6.2 Recruitment Strategy: Phase Two**

Phase two involved reorienting my focus in considering key organisations that could potentially facilitate opportunity to meet personally with teenage parents to present the study and seek their involvement as participants. In enacting this focus,

a number of key organisations/services that specifically focused on youth and teenage parents were contacted. Organisations focusing on the provision of services to youth were initially contacted. Subsequently, organisations that specifically focused on teenage parents and parenthood were contacted. The aim in focusing on both youth services and teenage parent services was to enhance the possibility of recruiting potential participants through this broad array of organisations and services. These organisations included;

#### ***Youth Services***

- The City of Dublin YMCA [this centre focuses on youth support, childcare and support]
- Youth Work Ireland [this organisation provides with and for young people nationally]
- Gaf Youth Café, Galway [offers a universal service to all young people between the ages of 14 - 25 years, targeting young people at risk].
- Foroige [national youth organisation in Ireland, working nationally with young people focusing on their empowerment and development]
- The National Youth Council of Ireland [representative body for voluntary youth organisations in Ireland]

#### ***Teenage Parents and Parenthood Services***

- The Bessborough Care Centre in Cork [this centre provides a service for pregnant women and teenage girls experiencing crisis, unplanned pregnancy or early parenting difficulties]
- Treoir-Teen Parents Support Programme [support and education service for young mothers, fathers and their families]
- Dun Laoghaire Community Training Centre- Young Mothers Programme [provides educational programmes for young adults up to the age of 25 years]

The outcome of this initial contact resulted in predominantly being referred by the youth services to organisations that specifically focused on teenage parents and parenthood. The contacts with the organisations focusing specifically on teenage parents and parenthood resulted in meeting personally with key persons from two of these organisations, these being Treoir and Dun Laoghaire Community Training

Centre. These meetings focused on presenting the study, fielding any questions and exploring what exactly would be the role of the intended participants. These meetings proved very positive in that both organisations agreed to facilitate initial access to potential participants through their respective project leaders.

The National Coordinator of the Teen Parent Support Programme kindly contacted the individual project leaders providing information about the study and my contact details. The outcome of this supportive action resulted in me individually contacting nine project leaders throughout the country. From these contacts I meet individually with the project leaders in Ballybofey, Co Donegal, Galway City, Co Galway, Limerick City, Co Limerick and discussed over the phone the study with the remaining project leaders from Ballyfermot, Dublin, Coolock, Dublin, Clondalkin, Dublin, Drogheda, Co Louth and Gorey, Co Wexford.

The outcome of these interactions with the individual project leaders involved providing a series of personal talks to the following teen parent groups, Ballybofey, Co Donegal, Galway City, Co Galway, Limerick City, Co Limerick. These talks echoed the key findings in the literature, in that the teen parents that attended these meetings were anxious to know exactly what the study was for, why it was being done, who would know about the results, would they be known or identified and what exactly they would have to do if they decided to participant (Lamb et al., 2001; Villarruel et al., 2006). In the interest of upholding the autonomy, rights and respect of the teen parents who attended these meetings all questions were answered honestly and openly. Each member of the group was provided with the participant information pack and offered the option of contacting me or alternatively providing me with their contact number for me to contact them if they so wished.

The outcome of these meeting proved very positive in recruiting participants, initial recruitment from each respective group meeting included Ballybofey, Co Donegal (n = 3), Galway City, Co Galway (n = 2), Limerick City, Co Limerick (n = 6). However, some participants decided to withdraw from deciding to participate. The final numbers of participants that became involved in the study from the Teen Parent Support Programme was Galway City, Co Galway (n = 5), Limerick City, Co

Limerick (n = 17).

The programme co coordinator of Dun Laoghaire Community Training Centre kindly facilitated me meeting with the teenage mothers attending their Young Mothers Programme. Two separate meetings were held with this group to inform potential participants about the study and field any questions they may have. These meeting echoed the concerns of the members in the Teen Parent Programmes. Potential participants wanted to know the purpose of the study, why it was being done, who would know about the findings and of particular concern was their confidentiality being maintained. The outcome of these meetings with the Dun Laoghaire Community Training Centre was that six teen mothers agreed and consented to participate in the study. The final outcome of this recruitment process was that the following number of participants from three separate areas contributed to the study as outlined in Table 5.1 below.

**Table 5.1 Geographical Areas of Participant Recruitment**

<i>Teen Parent Support Programme</i>	<i>DunLaoghaire Community Training Centre</i>	<i>Number of Participants</i>
Galway		5
Limerick		17
	Dublin	6
<b>Total Number of Study Participants</b>		<b>28</b>

The following section outlines the profile of the participants who contributed to this study.

### **5.7 Participant Profile**

The 28 participants were recruited from three separate areas in Ireland, Dublin, Limerick and Galway. The age range of the participants was from 16 to 20 years of age, with the mean age being 18 years of age. The participants' children's ages ranged from 2 months old to 2.5 years old. Twenty six participants were the parent of one child. Two participants were the parent of two children. One of these participants was the parent of 15 month old twins, while the other participant was

the parent of a 16 month and a 4.5 month old child.

Participants' encounters with universal child and family healthcare services included the general practitioner, maternity/midwifery, public health nursing and immunisation services. Participants also recounted in their interviews encounters with a number of broader services which were not universal. These included the non-statutory services of both Treoir Teen Parent Support Programme and Dun Laoghaire Community Training Centre, the general hospital services including paediatric and adult sections, the community welfare officer, counsellor services and the school mentor services. Participants also referred in their interviews to informal supports they deemed important in addressing their broader determinants of health. These informal supports included their parents, partners, friends and peers. Table 5.2 presents the participants' profile including the universal and non universal services encountered as service users.

**Table 5.2 Participant profile including services encountered.**

<i>Participant</i>	<i>Current Age</i>	<i>Age at becoming a parent</i>	<i>Number of Children</i>	<i>Age of Children</i>	<i>Universal Services Encountered</i>	<i>Non-universal Services Encountered</i>	<i>Informal Supports</i>
1	18	17	1	11 months	General Practitioner (GP) Maternity Public Health Nurse (PHN) Immunisation	Treoir Community Welfare Officer (CWO)	Mother Father
2	20	18	1	18 months	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department Student Services- 3 <sup>rd</sup> Level	Mother
3	19	16	1	2.5 years	GP PHN Maternity Immunisation	Treoir CWO General Hospital -Paediatric Services	Mother Partner
4	17	16	1	7 months	GP PHN Maternity Immunisation	Treoir General Hospital Adult Services School Mentor Service	Mother
5	18	16	1	19 months	GP PHN Maternity Immunisation	Treoir CWO General Hospital -Paediatric Services Social Welfare Department	Partner
6	19	18	1	11 months	GP PHN Maternity Immunisation	Treoir CWO Social Worker Social Welfare Department	Unsupported
7	19	18	1	11 months	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department	Mother Father Friends
8	16	15	1	1 year old	GP PHN Maternity Immunisation	Treoir CWO Social Worker School mentor Service	Mother



<i>Participant</i>	<i>Current Age</i>	<i>Age at becoming a parent</i>	<i>Number of Children</i>	<i>Age of Children</i>	<i>Universal Encountered Services</i>	<i>Non-universal Services Encountered</i>	<i>Informal Supports</i>
9	18	17	1	9 months	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department	Partner
10	18	18	1	2.5 months	GP PHN Maternity Immunisation	Treoir CWO	Mother Father
11	19	18	1	9 months	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department Social Worker	Partner Mother
12	18	17	1	1 year	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department School Mentor Service	Mother
13	19	17	1	2 years old	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department Social Worker General Hospital- Paediatric Services	Mother
14	19	17	1	15 months	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department Family Support Worker Social Worker Counselling	Unsupported
15	19	16	1	2.5 years	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department Social Worker	Mother
16	18	16	1	2 years	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department Social Worker	Mother Father Partner

<i>Participant</i>	<i>Current Age</i>	<i>Age at becoming a parent</i>	<i>Number of Children</i>	<i>Age of Children</i>	<i>Universal Encountered Services</i>	<i>Non-universal Services Encountered</i>	<i>Informal Supports</i>
17	19	16	1	3 years	GP PHN Maternity Immunisation	Treoir General Hospital- Adult Services	Mother
18	18	16	1	2 years	GP PHN Maternity Immunisation	Treoir CWO General Hospital- Paediatric Services	Mother
19	18	16	2	16 months 4.5 months	GP PHN Maternity Immunisation	Treoir CWO Social Worker Family Support Worker General Hospital- Paediatric Special Care Baby Unit (SCBU)	Mother Partner
20	18	17	1	10 months	GP PHN Maternity Immunisation	Treoir	Mother
21	20	19	1	8 months	GP PHN Maternity Immunisation	Treoir General Hospital- Special Care Baby Unit (SCBU) Student Services- 3 <sup>rd</sup> Level	Mother Father Partner
22	19	19	1	6 weeks old	GP PHN Maternity Immunisation	Treoir CWO Social Welfare Department Social Worker	Partner
23	17	16	1	10 months	GP PHN Maternity Immunisation	Dun Laoghaire Community Training Centre (DLCTC) Social Worker Education Officer	Mother
24	19	17	2	15 months (twins)	GP PHN Maternity Immunisation	DLCTC Social Worker Social Welfare Dept Family Support Worker	Mother

<i>Participant</i>	<i>Current Age</i>	<i>Age at becoming a parent</i>	<i>Number of Children</i>	<i>Age of Children</i>	<i>Universal Encountered Services</i>	<i>Non-universal Services Encountered</i>	<i>Informal Supports</i>
25	20	18	1	2 years	GP PHN Maternity Immunisation	DLCTC Social Welfare Dept.	Mother Partner
26	20	19	1	11 months	GP PHN Maternity Immunisation	DLCTC Social Welfare Dept CWO Education Officer	Partner
27	20	18	1	2 years	GP PHN Maternity Community Midwife Immunisation	DLCTC CWO Education Officer Social Worker Bereavement Services Counselling	Mother Friends
28	18	15	1	3 years	GP PHN Maternity Immunisation	DLCTC Social Welfare Dept. Social Worker Family Support Worker	Mother Father

A further key consideration in conducting this study was the imperative to determine rigour. The following presents how rigour was addressed in this study.

### **5.8 Establishing Rigour in this Study**

The literature reveals debate with regards to the criterion to assess rigour within qualitative research (Morse et al., 2002; Whitehead, 2004; DeWitt and Ploeg, 2006; Koch, 2006; Rolfe, 2006; Murphy and Yelder, 2010; Sinkovics and Alfoldi, 2012). In consideration of these ongoing debates and what could be viewed as an ongoing controversy with regards to what criterion best serves to determine rigour in qualitative research (Morse et al., 2002; Whitehead, 2004; DeWitt and Ploeg, 2006; Koch, 2006; Rolfe, 2006; Murphy and Yelder, 2010; Sinkovics and Alfoldi, 2012). I had to decide the criterion that best fit this study.

DeWitt and Ploeg's (2006) critical appraisal of rigour in interpretive phenomenological research proved useful in adapting the criterion used to determine rigour in this study. The criterion proposed by DeWitt and Ploeg (2006) included openness, concreteness, resonance and actualization. These criterion sat comfortable with the ethos employed in this study reflecting openness toward revealing the phenomenon of 'being a teenage parent service user', concreteness that reflect in the written text the meaning of 'being a teenage parent service user', resonance that reflect the understanding of the participants world as imparted from the written text and actualization that acknowledges interpretation does not end on revealing the lived experience. The following presents the practical application of these criterions in this study.

#### **5.8.1 Balanced Integration**

In presenting the criterion of balanced integration the main foci was the demonstration of:

- congruence between the philosophy, the researcher and the research topic;
- inclusion of the philosophical tenets within the study methods and findings;
- balance between the philosophical integration and the voice of the participants.

Reflecting the original conceptualisation of this study congruence is made evident reflecting a focus on ‘subjective understanding’ [verstehen] and interpretation. This reflected my ontological stance as a researcher viewing the world as a naturalistic phenomenon in which ‘being’ could be explored through the everyday lived experience of the human being. This personal stance led to the consideration of the enquiry strategy that best fit the original focus of the study. Thus, the philosophical tenets of Heidegger’s interpretive phenomenology (see chapter 3.5) are what guided the original interpretive process employed in this study. The priority in presenting the phenomenological findings was to give voice to the participants and tell their story. The focus in achieving this aim was to reveal through the written text the actual quotes which participants’ used to describe their views and experiences. The application of Heidegger’s philosophical tenets was used as a means to underpin what the participants revealed and to reveal what being a teenage parent service user meant for them (see chapter 7).

In adapting critical realist principles through the use of Layder’s Theory of Social Domains (Layder, 1997) the recognition of the interpretive method was maintained with openness adapted in considering the meaning of participants’ lived experience within their social context. Critical realism facilitated equal acknowledgement of both the subjective lived experience revealed in this study and the ongoing explication of the objective realm influencing participants’ existence.

### **5.8.2 Openness**

Within this study ‘openness’ with regards to remaining orientated and attuned to the phenomenon of enquiry is revealed in firstly the researcher’s decision trial in choosing the paradigm, philosophy and research method that facilitated the exploration of the phenomenon. In an attempt to remain open to the phenomenon of ‘being a teenage parent service user’ the researcher firstly revealed their ‘forestructures of understanding’ in an attempt to maintain a heightened sense of awareness of how this knowledge could impact on the research process.

This criterion also refers to openness in making explicit the rationale and

decision trail linked with decisions made in the study. The decisions linked with the initial conceptualisation of this study reflect its phenomenological focus (see chapter 3.3). The decision to move beyond the subjective viewpoint and expose the objective perspective was shaped by the questions raised from the phenomenological findings (see chapter 4.2). It reflects an incremental approach that acknowledges existence as multidimensional (Layder, 1997).

### **5.8.3 Concreteness**

Concreteness focuses on the presentation of the study findings in such a way that situate the reader concretely in the context of the phenomenon and also link with experiences in their lifeworld. In addressing the criterion of concreteness in this study all of the study participants (n = 28) were contacted to review their interview transcripts and the related themes. This was done to ascertain if the participants felt the themes identified within the phenomenological findings reflected what they had said and represented what they felt was their personal story of 'being a teenage parent service user'. Of the 28 participants written to, 5 responded. 3 commented that they agreed that the transcript and the themes represented their story. A further 2 revealed a sense of concreteness in linking with their experiences in their lifeworld as expressed in their qualitative commentary below

*...thanks, you have captured what I wanted to say and more importantly you have shown the challenges for me of being a parent.*

Participant 22

*It is good to have been heard and had my views listened to, what is really good is that my story is being told honestly without covering up my experiences of dealing with some services.*

Participant 7

### **5.8.4 Resonance**

The criterion of resonance focuses on the felt effect of reading the study findings upon the reader or the opportunity to grasp the meaning of this lived experience expressed in the text. In addressing this criterion two colleagues proficient in interpretive phenomenological research was asked to read the completed phenomenological findings. The focus of asking these colleagues to read the

findings was to elicit how they felt the findings represented the world of the participants and if they had a sense of what the lived experience of ‘being a teenage service user’ meant for participants. They revealed a sense of resonance in their comments made during discussion of their views about the findings as represented in some of their commentary below:

*I really think you have managed to grasp and reveal the lived experience of these participants. I felt I could grasp what it was like for them, their struggle and their world.*

*I learned so much from reading these findings; I had no idea what it was like for young teenage parents. I think you have nailed it, you have told their story and you have opened up their lived experience.*

### **5.8.5 Actualisation**

In presenting the criterion of actualization the foci is on the future realization of the resonance of the study findings acknowledging that interpretation does not end when a study is finished. This criterion has particular resonance in that in the original conceptualisation of this study the focus was to present the lived experience. However, in view of the array of questions raised by the phenomenological findings the analysis was incomplete. The decision to adapt critical realist principles recognises the criterion of actualisation in further exploring both the subjective and objective elements of existence. It represents a move beyond the personal lived experiences and recognises the stratified nature of social existence. From this perspective ‘multiple reality’ from the perspective of actualisation represents an ongoing incremental approach adapted in this study in understanding what ‘being a teenage parent service user’ means. The following section now presents the ethical principles considered in conducting this study.

### **5.9 Ethical Principles**

A series of international codes and regulations advocating the protection of people’s rights involved in research has laid the seeds for the development of ethical principles, these being, the Nuremburg Code (1949) and The Declaration of Helsinki (1996). Presently a series of key ethical principles are broadly acknowledged including beneficence, non-maleficence, respect for human

dignity, justice, veracity, confidentiality and anonymity (Parahoo, 2006; Beauchamp and Childress, 2008). Within this study due consideration was given to the process of informed consent, research participation, beneficence, non-maleficence, justice and risk (Emmanuel et al., 2000). Before conducting this study ethical approval was sought and approval given by the National University of Ireland, Galway's research ethics committee (see Appendix four).

### **5.9.1 Informed Consent**

Informed consent acknowledging the rights of the research participants to clear unambiguous information that facilitated their ability to make a voluntary, informed choice to participate without coercion was an important consideration in this study (Alderson, 1995; Greene and Hogan, 2006; Heath et al., 2007; Holloway and Wheeler, 1995). In this study informed consent was intertwined with issues of competence, rights to participate, protection of the research participants, adult gatekeeper rights and the participants' rights to self determination.

In this study obtaining consent raised an ethical dilemma challenging the notion of recognising the teenage parent as autonomous/competent especially for participants legally defined as a child in the Irish constitution (Office of the Attorney General, 2001). This raised issues with regards to considering both consent and assent in this study. The literature highlights some ambiguity with regards to the differential between consent and assent (Lewis, 2002; Coyne, 2009). Lewis (2002) highlights the concept of consent as that which may be given by the child/young person or that which may be provided on their behalf. Assent is also highlighted as a separate form of consent with agreement to participate when another has given their consent on behalf of the participant (Cocks, 2006).

In consideration of the types of consent highlighted above it was decided that only informed consent would be utilized within this study. How informed consent was obtained acknowledged the context of the teenage parent participant, their age and their capacity to provide their informed consent. The rationale for adapting this



stance was linked with concern re beneficence (the obligation to do good) and non-maleficence (doing no harm) to the intending research participants in the study. It was my view that seeking informed consent from only the teenage parent (irrespective of their age) without parental/guardian input could create a potential risk of harm in that conflict may arise where the parent/guardian was not considered with regards to their consent.

Thus, within this study a participant consent form was developed that acknowledged and facilitated the informed consent of both the adult proxy and the teenage parent. This protocol was developed in a format that facilitated the opportunity for the teenage parent solely to consent autonomously (if over the age of 18 years old) or both the parent/guardian and the teenage parent to consent (if under the age of 18 years old or if the adult proxy wished to consent on their behalf) (see Appendix two).

Ensuring that participants had the right to dissent or withdraw from this study at any stage was another key consideration (Lewis, 2002). Thus, within this study it was made explicit that the participant could withdraw from the study at any point (see Appendices Four, Seven). Also at the outset of each interview participants were reminded of their absolute right to withdraw their participation at any point of the research process. Given that this study involved adolescents/teenagers as participants ethical considerations was also addressed with regards to conducting research with this unique population group.

### **5.9.2 Conducting Research with Adolescents- Rights, Autonomy and Respect**

The lessons learned from conducting the pilot study (see section 5.4) and from consulting the literature shaped the ethical considerations taken in this study in conducting research with adolescents. The literature highlights inherent debates with regards to the capacity/competence of adolescents/teenagers to contribute to research (Lerner & Galambos, 1998; Claiverole, 2004; Bassett et al., 2008). As previously debated (see in chapter 2.3) adolescence has been portrayed as a period in the lifecycle that involves bio psychosocial developmental changes and

transitions (Lerner and Galambos, 1998; Elder et al, 2003; Setterston, 2004; Steinberg, 2004, 2007; Lerner et al, 2005) In particular the cognitive capacity of the adolescent/teenager to understand, make decisions and enact reasoned choices has been questioned (Lerner and Galambos, 1998; Lerner et al, 2005; Steinberg, 2004, 2007). While the capacity of the adolescent/teenager is recognised as ‘unfinished’ developmental processes (Elder et al., 2003; Steinberg, 2004, 2007), the research also recognises that their capacity/competence is influenced by society, culture and context (Lerner and Galambos, 1998; Lerner et al, 2005; Steinberg, 2004, 2007).

In this study there was a need to ensure each participant had the capacity/competence to understand the purpose of the study, the format of the interview and their rights to choose to participate. These issues of capacity/competence were intertwined with the ethical principles of autonomy, informed consent and non-maleficence. Practical implications of assessing each individual participant’s capacity/competence to participate in the study involved ensuring the provision of language appropriate information (see Appendix five). Also as part of the recruitment meeting with adolescent/teenage groups and prior to commencing data collection the study focus, purpose and the participant’s role and rights were explained.

The participant information sheet (see Appendix five) provided information with regards to the purpose of the study and included a series of frequently asked questions as well as offering the option to contact the researcher with regards to further queries or question. This written information did not facilitate the assessment of individual adolescent/teenagers capacity/competence to participate; however, it allowed interested persons time to review this information and to decide if they wished to participate.

Potential participants were also met in groups or if they wished were met individually with the purpose of; introducing myself; explaining the study and answering any questions. The literature highlights that self disclosure potentially

signifies to adolescent/teenagers respect in sharing personal information, contributing toward breaking down barriers and establishing trust (Bassett et al., 2008). The rationale in meeting face to face was to share who I was, establish the first tentative seeds of developing a trusting relationship and facilitate autonomous choice (Gans and Brindis, 1995; Bassett et al., 2008; Mack et al., 2009). Meeting to discuss and answer any questions about the study afforded an opportunity to assess the adolescent/teenagers understanding of the study and their potential role as possible participants as well as establishing some tentative rapport. This proved to be very informative as overall there appeared to be a good understanding of what the study was about and of what their role as participants would entail.

A further consideration was the imperative to consider the potential power imbalance that could occur between the adult interviewer and the adolescent/teenage participant (Gans and Brindis, 1995; Lerner & Galambos, 1998; Spear, 2000; Santelli., 2003; Claiverole, 2004; Kendall, 2006; Bassett et al., 2008; Mack et al., 2009). The right of the adolescent/teenage participant to choose to consent/assent was viewed as an imperative in providing a sense of control, autonomy and power with regards to their rights to contribute to or suspend their input to this study (Alderson, 1995; Holloway and Wheeler, 1996; Greene and Hogan, 2005; Heath et al., 2007). The literature highlights that adolescents/teenagers value their view, experiences and insights being listened to and being treated as an equal partner in the research process (Mack et al., 2009; Greig et al., 2013). With regards to respecting autonomy participants were reassured that there was no wrong or right answers and that the focus of the interview was to hear their personal views and experiences. Participants were encouraged to seek clarification if needed during the interview if they were unclear or uncertain about any issue that was being discussed with them. The literature highlights the importance of the use of age appropriate language when researching with adolescents (Sacks and Westwood, 2003; Greig et al., 2013). This is particularly important in the context of researching with the adolescent/teenage participant who could potentially perceive language that is used above or below their capacity/competence level as alienating or patronizing (Sacks and Westwood, 2003; Mack et al., 2009).

Again in respecting autonomy, ensuring a sense of rapport and providing a sense of control, the pace of the interview was dictated by the participant. This facilitated adequate time for participants to think about and contribute to the discussion (Gans and Brindis, 1995; Pinto, 2004; Mack et al., 2009). This allowed the researcher to convey a sense of respect by listening attentively without interruption to participant responses in a non-judgmental open manner (Pinto, 2004; Dockett and Perry, 2007; Mack et al., 2009). The autonomy and control of the participants was also considered with regards to participants choosing the date, time and venue for the interview as advocated in the literature when conducting research with the adolescent/teenage participant (Mack et al., 2009; Greig et al., 2013).

A further consideration with regards to ethics was that of both confidentiality and anonymity. Anonymity was maintained by coding all transcripts and removing all potential identifiers of participants during interview and transcription of interviews. Data was stored securely and will be destroyed following a five year time span after completion of the PhD in accordance with NUIG data storage policy (National University of Ireland, 2013)

### **5.10 Conclusion**

This chapter has detailed the application of Heidegger's phenomenological tenets reflecting the original phenomenological focus of this study. The chapter has also presented the consideration and application of the sampling and recruitment strategy employed, how rigour was determined and the ethical principles considered in this study. It has also acknowledged the incremental approach adapted in this study in utilising Layder's (1997) Theory of Social Domains. This decision has shaped the use of Ricouer's Theory of Interpretation (Ricouer, 1976, 1991) moving from naïve to depth understanding during data analysis. The following chapter now presents the data analysis journey in revealing the phenomenon of 'being a teenage parent service user' from both the subjective and objective perspective.

## **Chapter 6: Data Analysis: Revealing the Phenomenon**

### **6.1 Introduction**

This chapter reveals the process undertaken in analysing and interpreting the data. It makes explicit the use of Ricoeur's Theory of Interpretation as an analytical framework (Ricoeur, 1976, 1986, 1991). The rationale in making explicit the key phases of this process is to demonstrate the decision trail of interpretation made by the researcher in firstly revealing the meaning of 'being a teenage parent user' as exposed through the interpretive processes of provisional naïve explanation and understanding. Finally, it addresses the process of revealing depth explanation and understanding of this meaning through the use of Layder's Theory of Social Domains (Layder, 1997).

Nvivo 10 was utilized as a means of managing the data and assisting in making transparent the processes involved in this analysis. While the task of analysis remains solely the task of the researcher in the context of interpreting the data, the Nvivo 10 package served as a means to enhance this process in establishing an evidential audit trail as to the key phases employed providing an evidential map of the decisions made by the researcher throughout the process of analysis (Bazeley and Jackson, 2013).

### **6.2 Analytical Strategy**

The key phases employed in interpretation of the data represent Ricoeur's theory of interpretation including naïve reading, naïve understanding/interpretation and depth understanding/interpretation (Ricoeur, 1976, 1986, 1991). In utilizing Nvivo 10 to complete these phases an initial strategic analytical model was developed to act as a guide for me as interpreter. I used this guide to ensure each phase of analysis was completed (see table 6.1). This chapter provides an overview of my interpretive analysis in order to make explicit this process.

**Table 6.1 Analytical Strategy Employed in this Study**

<i>Data Analysis using Ricoeur's Theory of Interpretation in this study</i>	<i>Corresponding NVivo Process</i>	<i>Strategic Objectives</i>
<b>I N T E R P R E T A T I O N</b>	<b>Naïve Reading of the Text</b>  Importing transcripts into the data management software known as NVivo  <u><b>Phase 1</b></u> – Open Coding	<b>Discourse</b>  <b>Distanciation</b>
	<b>Naïve Understanding</b>  <u><b>Phase 2</b></u> – Categorisation of codes <u><b>Phase 3</b></u> – ‘coding on’	<b>Explanation</b>  <b>Interpretation</b>
	<b>Depth Understanding</b>  <u><b>Phase 4</b></u> – Data Reduction <u><b>Phase 5</b></u> – writing <i>analytical memos</i> <u><b>Phase 6</b></u> – Validation <i>analytical memos</i> <u><b>Phase 7</b></u> – synthesising <i>analytical</i>	<b>Appropriation</b>  <b>Understanding</b>

**6.2.1 Phase One Analysis: Naïve Reading**

Each transcript was initially read from as neutral a stance as was possible with me as the interpreter [researcher] maintaining a heightened awareness of my own ‘forestructures of understanding’ during the initial reading of each transcript asking the text the question “what does it say?” (Ricoeur, 1976, 1981). The process of distanciation was enacted during this initial naïve reading of the text as a means to initially employ and develop an ‘explanatory attitude’ that involved distancing myself and my knowledge from the text as a means to clearly focus my attention on the text and to appropriate the world the text revealed (Ricoeur, 1976, 1986, 1991).

In asking the text ‘what does it say?’, the aim was to objectively stand in front of the text of each transcript and grasp a preliminary understanding of the provisional world the individual complete data set of transcribed text revealed. Following this initial naïve reading the transcripts were re read on several occasions with a view to

immersing myself in the data and developing a tentative impression of what overall ‘being a teenage parent service user’ and ‘being in the world’ revealed from the complete data set.

At this point preliminary annotations were made in each transcript opposite key statements or sections of text that revealed aspects of interest linked with the phenomenon of ‘being a teenage parent service user’. The text was also explored with regards to any unique insights not previously considered in the context of this study’s focus that revealed unique aspects of the participants’ ‘being in the world’ as articulated by themselves and revealed in the written text. Figure 6.1 provides a sample of an individual text and annotations made.

**Figure 6.1- Sample of Individual Text and Annotations**

Participant 22 LCT INTER

Marcella: Can I come back to that where you said you were made to feel like you were a mistake, what do you mean by that?

PARTICIPANT 22: Like it was just a mistake.

Marcella: All right okay, I’m with you.

PARTICIPANT 22: I suppose it was also because I was just going starting college as well. Ah, you know this is someone who got drunk and who happened to have a child and that’s not the way it was at all. I mean, I was with my partner and we were using protection and stuff like that and I went on the pill and just my contraception methods failed, it wasn’t like I wasn’t... Like they just made me feel like I was irresponsible and I had a child because I was irresponsible, but that’s not the case.

Marcella: When that wasn’t the case from your perspective at all, okay.

Annotations

Item	Content
6	This section of text reveals a sense of what this participant feels are the social perceptions of them as a teen parent, it also reveals a self perception of being viewed differently, of assumptions that teen parents are viewed as irresponsible, yet as this participant articulates this stereotype is not the case in their account. It also reveals a sense that perhaps the sense of how teenagers behave is irresponsible including risk taking behaviours as articulated by this participant

Example of identification of significant text and annotation reflecting naïve readings of the text

Having completed the process of reading and annotating each individual interview transcript; the transcript was re read in its entirety again in conjunction with the annotations made. On re reading the complete transcript the questions was posed of the transcript “what does the written text of this transcript say” with regards to ‘being a teenage parent service user’, what does this transcript reveal about this participants ‘being in the world’, how has this transcript answered the research questions. In asking these questions of the transcript a memo was made of these revelations for each individual transcript. Figure 6.2 provides a sample of an individual transcript memo.

**Figure 6.2 Sample of Transcript Memo**

Participant 11 LCT Interview

**What this interview Revealed**

This interview revealed a sense of not being heard, of their context not being considered and of being treated as if incompetent/ incapable. Worryingly this participant describes 'being roared at' which raises a sense of not being valued or respected by the service personnel. There is also a strong sense within the interview of the participant being treated differently because they are young resulting as indicated in this interview as inability to access the required service as needed. The interview also reveals support from broader societal world of the participant in this instance their parent [mum] acting as their advocate. Also school mentor offering advice, showing concern when pregnancy first revealed and offering support through the school system.

This interview also revealed a sense of 'being toward the future' with the participant articulating a sense of wanting to continue their education 'just because I have a baby it doesn't mean that it's going to stop my life'

This interview revealed a sense of useful services being regarded as listening, taking time, hearing concern and taking action when required on behalf of the participants needs. Unhelpful services were regarded as not listening, not placing value on individual articulated concerns, giving the person a sense of disregard and of being rushed through, not seen as an individual human being with concerns/needs.

**Lit Link/Considerations**

- Consider lit that addresses the concept of victimisation
- Consider lit on support/ advocacy
- Consider person centred care

Example of memo completion reflecting naïve interpretation from reading the text of an interview transcript

This process was repeated for each individual transcript utilising the stage of Ricoeur’s theory of interpretation which represents the ‘hermeneutical arc’ of explaining the parts of the text that in this study revealed aspects of the phenomenon



of ‘being a teenage parent service user’ and ‘being in the world’ albeit contributing to but not revealing the whole phenomena at this point (Ricoeur, 1981).

On completion of both annotating significant text and creating a memo on each transcript, the transcripts were read again in conjunction with both the annotations and the memo’s in order to create open codes that at this point was driven by the question of ‘what the text says’ through the expressions of the participants. These open codes included direct quotations from the text and were tentatively labelled, in some instances some quotations were imported into several codes as it was interpreted they were representative of more than one single code. Figure 6.3 provides a sample of the open coding applied to an individual transcript

**Figure 6.3 Sample of Open Coding**

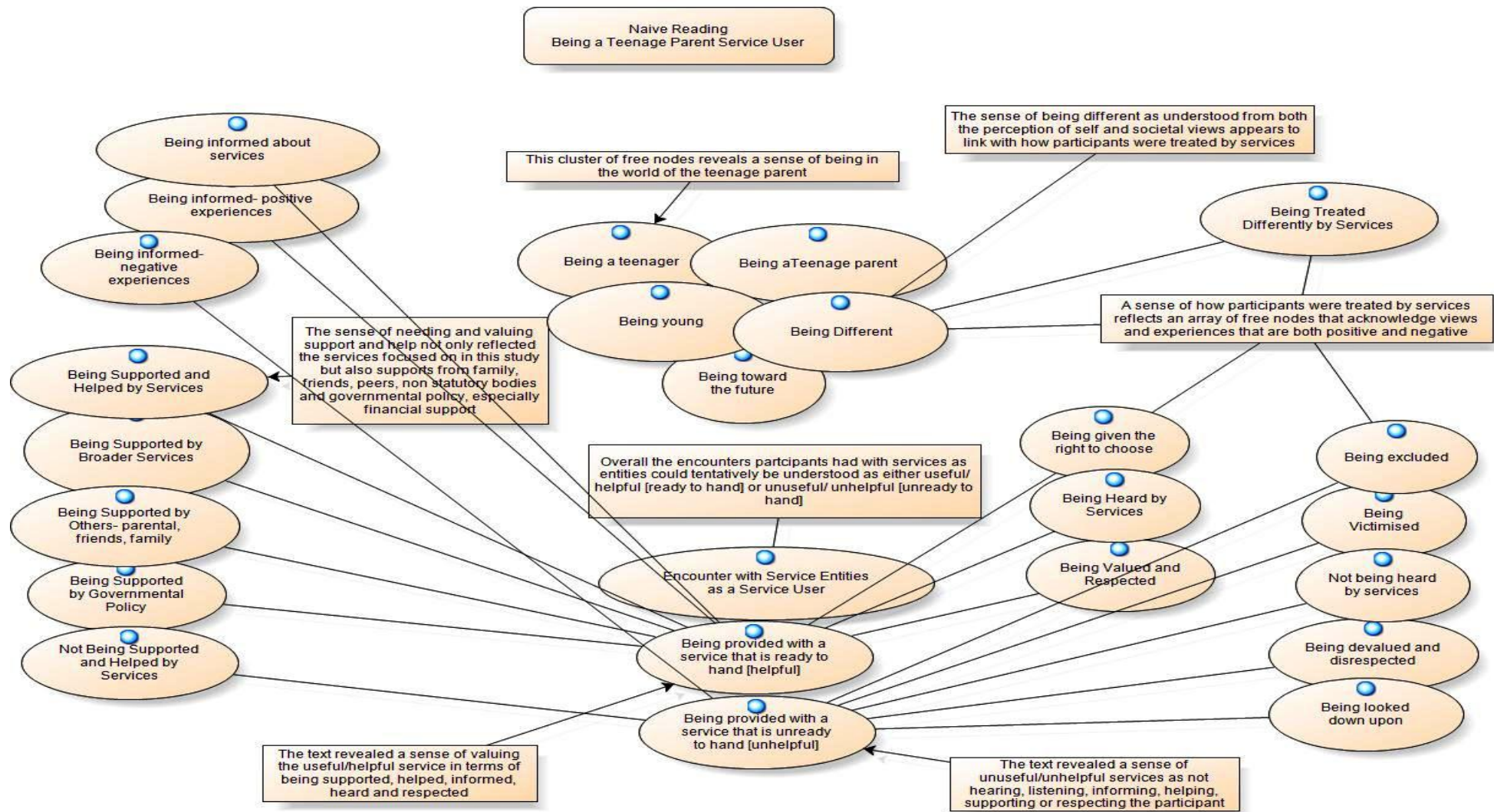
The screenshot displays a software interface for qualitative data analysis. On the left, a transcript titled 'PARTICIPANT 23 LCT INTER' is shown with several lines of text highlighted in blue. On the right, a vertical list of open codes is displayed, each with a colored bar indicating its application to the transcript text. The codes include:

- Being in the World of the Teenage parent-
- Being Supported by Others- parental, friends, family
- Being given the right to choose
- Being informed - positive experiences
- Authentic Vs Inauthentic Existence- Being Different
- Being Valued and Respected
- Being informed - negative experiences
- Being informed about services
- Being Heard by Services
- Being Victimised
- Being informed about services
- Being looked down upon
- Being excluded
- Not being heard by services
- Being provided with a service that is ready to hand [helpful]
- Being informed - negative experiences
- Being young
- Being Supported and Helped
- Being Treated Differently by Services
- Being provided with a service that is unready to hand [unhelpful]
- Not Being Supported and Helped by Services
- Being Valued and Respected
- Being Treated Differently by Services
- Being devalued and disrespected
- Being Different
- Being Supported and Helped by Services
- Being at teenage parent
- Encounter with Service Entities as a Service User
- Being provided with a service that is unready to hand [unhelpful]
- Being given the right to choose

A red callout box with a white border points to the coding process, containing the text: "Example of open coding reflecting the tentative labelling and open coding of the significant text using direct quotations".

To get a tentative sense of ‘what the text says?’ from the whole data set, a model was created of the open codes. On questioning ‘what the text says?’ of the data set, in conjunction with memo’s, annotations and open codes a provisional clustering of codes was made in order to make tentative sense of the data set. The focus of this initial tentative analysis was for me to get a sense of what the text exposed with regards to ‘being a teenage parent service user’. This tentative interpretation is visually represented in figure 6.4.

Figure 6.4 Naïve Readings - Tentative Interpretations



### **6.2.2 Preliminary Explanation ‘What the Text Says?’**

At this stage of the analysis, that is naïve reading, the preliminary explanation of ‘what the text says?’ revealed a sense of what ‘being in the world’ of the teenage parent was like as revealed from the participants sense of self and their experiences of how ‘others’ that represent societal viewpoints viewed them. This sense of being in the world of the teenage parent is presented in the open codes of; being a teenager, being a teenage parent, being young, being toward the future and being different.

The sense of being viewed as different both from the participants’ sense of self and societal views tentatively appeared to have links to how participants were treated by services. Thus, the subsequent clustering of open codes represents an overarching sense of being treated differently by services again as revealed from the participants’ sense of self and from their individual experiences of services. This sense of being treated differently by services is thus represented as both positive and negative accounts of how participants articulated these views and experiences, these being; being treated differently by services, being given the right to choose, being heard by services, being valued and respected, being excluded, being victimised, not being heard by services, being devalued and disrespected, being looked down upon.

This sense of how participants were treated by services revealed a sense of participants overall encounters with services as entities, which in turn revealed a sense of what participants viewed as useful/helpful [ready to hand] or unuseful/unhelpful [unready to hand] service entities (Heidegger, 1927/2011). Useful [ready to hand] service entities were closely interlinked with participants experiences of services that offered support and help, that listened, offered information, heard the participant and provided a sense of respect. These findings link to the open codes of; being informed by services, being informed- positive experiences, being given the right to choose, being heard by services, being valued and respected, being supported and helped by services. Conversely, unuseful [unready to hand] service entities were viewed as not listening, informing, helping, supporting or respecting participants, linking with the open codes of being

informed- negative experiences, not being supported and helped by services, being excluded, being victimised, not being heard by services, being devalued and disrespected, being looked down upon.

Finally, in the preliminary explanation of ‘what the text says?’ participants exposed what they valued from both services and broader society. This included valuing being supported and helped from services they portrayed as useful [ready to hand] entities. Participants also highlighted valuing support from broader services such as non- statutory bodies, from significant others and from governmental policy linked with childcare costs and financial income supports. Having completed the naïve readings of the transcripts and explicated preliminary explanation of ‘what the text said?’ the next analytical phase involved the structural analysis of the text to explicate understanding (Ricoeur, 1981).

### **6.3 Structural Analysis**

Within this study the focus was to conduct a thematic structural analysis in order to discover and create meaning themes that represented the meaning of ‘being a teenage parent service user’. Thus, the foci in the subsequent phases of interpretation were to question ‘what the text talked about?’ This involved identifying significant sections of the text that provisionally unveiled meaning units of the participants’ lived experience. The final phase of interpretation was to unveil meaning themes that revealed the innate meaning whole of ‘being a teenage parent service user’ as new understanding of the phenomenon (Ricoeur, 1991). Thus, the next phase of interpretation addressed the stage of structural analysis that addressed the initial naïve understandings of ‘what the text talked about’ (Ricoeur, 1981).

#### **6.3.1 Phase Two Analysis: Naïve Understanding/Interpretation**

This stage of the analysis involved a detailed exploration of the text to reveal tentative initial meaning units focusing on ‘what the text talked about?’ (Ricoeur, 1976, 1981). This stage of analysis was completed in order to enhance my understanding as interpreter of the phenomenon of ‘being a teenage parent service user’. During the initial stage of naïve understanding, significant key sentence structures/relevant text sections were identified and questioned as to “what does these sentence structures/relevant text sections talk about” with regards to

'being a teenage parent service user' with provisional memo's developed. The focus on identifying significant text at this point of the interpretation highlighted the utterances or expressions of the participants as presented in the written text (Ricoeur, 1981). These utterances were identified as the tentative meaning units that expressed through the written text the phenomenon of 'being a teenage parent service user'. This process reflected the notion of Ricoeur's reference to the text as a structured work. From this perspective words were viewed as having meaning in the context of style or genre, with sentence structures/significant text being viewed as having the potential to reflect meaning (Ricoeur, 1976, 1981). This process of identifying meaning units involved re reading the text again on several occasions in conjunction with the annotations, memo's and open codes created from the initial naive reading of the text. Table 6.2 demonstrates an example of this process.

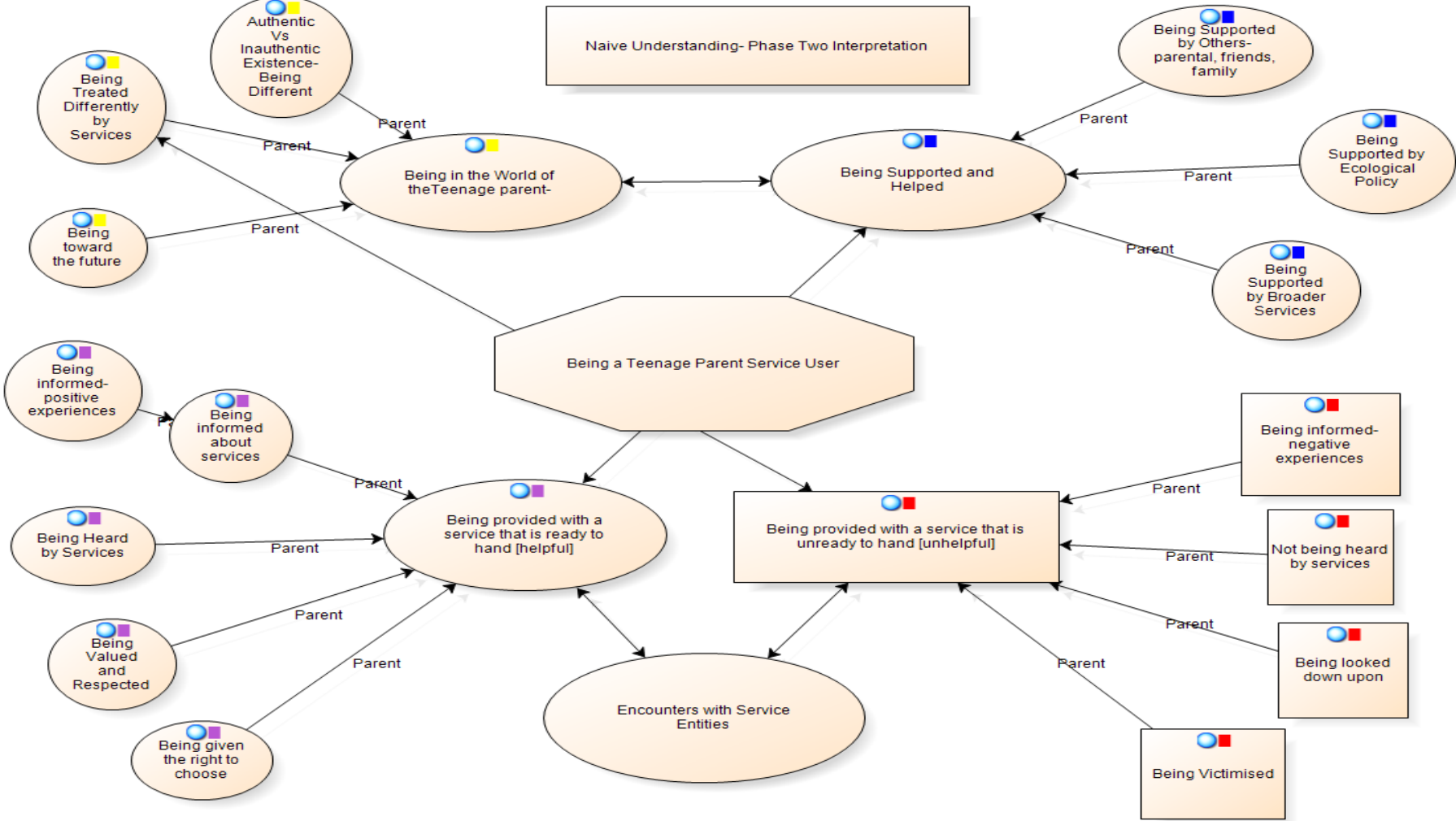
**Table 6.2 Identification of Meaning Units**

<i>Text Segment – Unit of Meaning Coded</i>	<i>Annotations – Researchers thoughts and ideas while coding</i>	<i>Memo- Researchers overall thoughts of the discursive interaction</i>	<i>Naïve Reading Interpretation and Code(s) Allocated</i>	<i>Naïve Understanding Initial Codes Allocated</i>
<p><i>PARTICIPANT 22:</i> When I first found out I was pregnant I went to my GP and he said to me “was this pregnancy planned” and I said to him “why would you ask that, obviously it wasn’t planned” because I’m young and stuff like that but I said to him obviously it wasn’t planned. He started saying “are you still with your partner” and stuff like that and I answered “yeah I am still with him” and he asks me “how is he” and I was thinking to myself, why would he ask these questions, don’t you just want to know about my health and whatever? So then obviously we took the pregnancy test and he said “well you’re definitely pregnant anyway”, I was just like “yeah, I’m really happy, really excited” and he was like “oh, I didn’t think you would be”. I was kind of like, don’t be judging me like that, you know. Well then anyway, I started off in the hospital here as well and the woman that I had for exams and things like that, she just... she really treated me like I was a child.</p>	<p>This section of text reveals a sense of being treated differently by the service [gp] and [maternity]. A sense of assumptions being made that becoming a teenage parent is different, with the service [gp] assuming that the participant would not be happy to be pregnant. It also reveals that this participant is happy and excited to be pregnant. The participant themselves reveals a sense of being judged and a sense of being treated as if not competent/immature by especially the maternity services, as this participant describes 'treated me like I was a child'</p>	<p>This interview surprised me in that the participant was an incredibly articulate, intelligent, informed person who really challenged what could be deemed the stereotypical views of the young teen parent. This participant did not value being viewed as incompetent or unable to understand because of being young. This participant wants to be clearly valued and respected not only by services but also by society. The participant reveals the strength of their need to be valued by actually attempting to look older in order to gain societal and others respect.</p>	<p><b><i>Being a teenage parent</i></b>            This participant revealed that being a teenage parent involved dealing with stereotypical assumptions, of being viewed as young to become or be a parent.  <b><i>Being young</i></b>            This participant exposed a sense of what being young and interacting with services meant for them, being treated as young, incompetent and immature  <b><i>Being treated differently by services</i></b>            This participant revealed a sense of being treated differently because they were young and because they were a teenager, yet they themselves want to be treated as a future parent excited to be pregnant and to become a parent  <b><i>Being looked down upon</i></b>            This participant reveals a sense of being judged in this instance for being young and being pregnant, of being viewed as a child.</p>	<p>Being a Teenage Parent</p> <p>Being Young</p> <p>Being different</p> <p>Being treated differently by Services</p> <p>Being looked down upon</p>

Having identified the meaning units, each unit was coded using language that I felt best reflected the fundamental meaning of the unit. Once this coding was completed the meaning units were again read and reviewed to create a précis of units that reflected similarities and differences across the data set. A further précis was developed of the condensed meaning units creating subthemes, these subthemes were collated to create the theme that best reflected what I viewed as an essential or key meaning representing the phenomenon. This reflected the corresponding Nvivo 10 processes of phases two and three as represented in the analysis strategy outlined in Table 6.1. This process includes categorising the tentative open code clusters identified in phase one [naïve reading] into themes. This was completed by re ordering, restructuring and in some instances relabeling and merging themes in order to create a framework of the data for further analysis. Figure 6.5 represents an example of the early provisional phase of extracting naïve understanding of the data, which was subsequently changed as this phase of the analysis progressed.



Figure 6.5 Naïve Understanding- Initial Theme Formations



In view of the fact that interpretation represents the possibilities of ‘multiple interpretations’ (Ricoeur, 1976; 1986; 1991) this structural analysis was repeated on several occasions. I repeated this process in order to question the interpretations I had already made and to elicit if further interpretations could be extracted from the text. This process also facilitated me to recognise data saturation as already debated (see chapter 5.5.2). Subsequent changes included submerging the open codes of ‘being a teenager’ and ‘being a teenage parent’ to become the relabelled theme of ‘being in the world of the teenage parent’. The open codes of ‘being informed about services’, ‘being informed positive experiences’, ‘being informed negative experiences’ were relabelled to become the themes of ‘being informed’ and ‘not being informed about services’. ‘Being informed about services’ and ‘being informed positive experiences’ were merged to become ‘being informed about services’, while ‘being informed negative experiences’ was ‘renamed not being informed about service’. ‘Being victimised’ when reviewed was merged with ‘being devalued and disrespected’ as the coding in this free code was viewed as expressing the same notion of ‘not being valued and respected’.

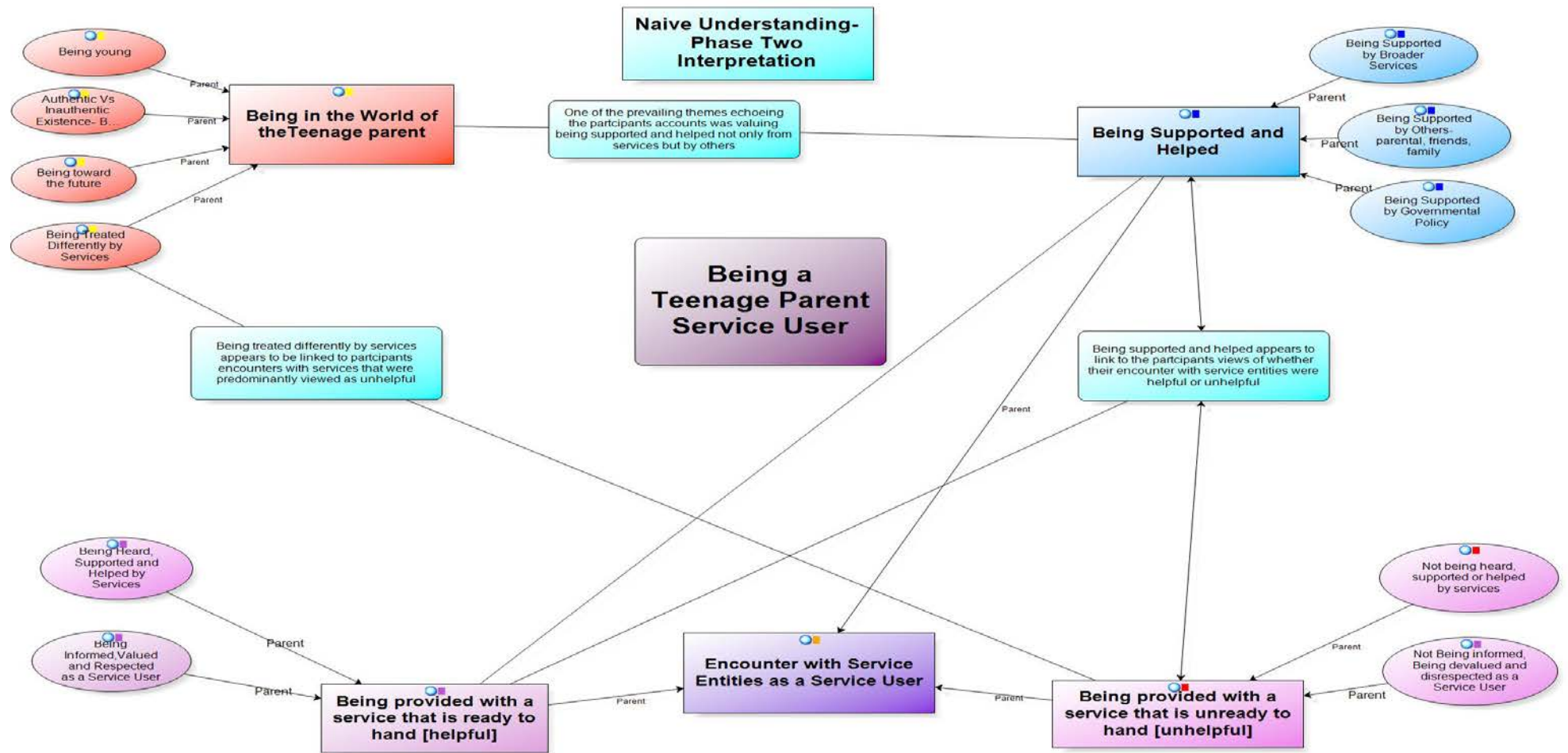
The open codes of ‘encounters with service entities’ was subdivided to represent both positive and negative views and experiences, thus this division represented the subthemes of ‘being provided with a ready to hand/useful service entity’ and conversely, ‘being provided with an unready to hand/unuseful service entity’. Useful ready to hand service entities was initially coded as child nodes as ‘being heard by services’, ‘being given the right to choose’, ‘being informed about services’ and ‘being valued and respected’ On review of this coding the decision was taken to merge this coding into two main child nodes; ‘being heard, supported and helped by services’ and ‘being informed, valued and respected as a service user’.

Conversely, ‘encounters with unuseful/unhelpful service entities’ was initially represented by the child nodes of, ‘not being supported and helped’, ‘being devalued and disrespected’, ‘not being heard by services’, ‘not being informed by services’, ‘being looked down upon’. These were merged to now represent the subtheme of ‘encounters with unready/unuseful services entities’ as ‘not being

heard, supported or helped by services’ and ‘not being informed, being devalued and disrespected as a service user’.

This stage of Ricoeur’s theory of interpretation represented the ‘hermeneutical arc’ of moving from explanation of the parts of the text that revealed aspects of the phenomenon of ‘being a teenage parent service user’ to developing a naive understanding through the development of themes. These themes contribute toward revealing the whole meaning of ‘being in the world’ of the teenage parent service user as represented in phase four of the corresponding Nvivo 10 processes outlining data reduction in order to create a conceptual map of the themes and subthemes developed (Ricoeur, 1981; Bazeley and Jackson, 2013). Figure 6.6 presents a précis of the final thematic presentation of the data from this phase of the interpretive analysis.

Figure 6.6 Naïve Understanding – Final Thematic Representation



### **6.3.2 Naïve Understanding ‘What the Text Talked About’**

The themes and subthemes identified from this stage of analysis representing naïve understanding of ‘what the text talked about’ presented as three key themes; ‘Being in the world of the teenage parent’, ‘Encounters with service entities as a service user’ and ‘Being supported and helped’.

*Being in the world of the teenage parent* and its subthemes of ‘being young’, ‘authentic versus inauthentic existence’- ‘being different’, ‘being toward the future’, ‘being treated differently by services’ represents the sense of the teenage parents world with the sense of ‘being different’ representing participants perception of themselves and of how ‘others’ both in society and in services viewed them. This sense of being different linked closely with the sense of ‘being treated differently by services’ which linked to the subsequent theme developed, that is, participants’ encounters with service entities.

*Encounter with service entities as a service user* represents the sense of whether these encounters with service entities were ready to hand [useful/helpful] or unready to hand [unuseful/unhelpful]. This division of this theme was represented firstly as useful entities by the subthemes, ‘being heard, supported and helped by services’ and ‘being informed, valued and respected as a service user’. Conversely, encounters with unuseful/unhelpful service entities represented by the subthemes, ‘not being heard, supported or helped by services’ and ‘not being informed, being devalued and disrespected as a service user’. This theme links closely with the final theme Echoing what participants revealed as ‘useful’ in their encounters with services, but extending beyond the health services revealing a sense of valuing support and help from broader society and other services.

*Being supported and helped* represents the sense of how participants felt they were provided with support and help from the wider array of supports represented by the subthemes of ‘being supported and helped by broader services’, ‘being supported by others’, that is family and significant others in their world and ‘being supported and helped by governmental policy’ especially in the context of childcare and financial

supports. Chapter seven reports in depth on the identified themes and subthemes and are presented in the context of Heidegger's central tenets revealing the lived experience of being a teenage parent service user.

#### **6.4 Phase Three Analysis- Depth Understanding/Interpretation**

The final stage of the interpretive analysis reflected what Ricoeur viewed as a crucial aspect of hermeneutical phenomenology that involves uncovering the hidden meanings within the text (Ricoeur, 1976, 1981). From this stance, the interpreter's world is altered from the interpretive process. New understanding is developed from the interpreter's interaction with the world the text revealed (Ricoeur, 1976, 1981).

The practical processes employed in reaching a depth understanding/ interpretation involved revisiting the themes and subthemes identified and considering them in the context of the phenomena being explored, that is 'being a teenage parent service user' to reveal the whole meaning of 'being in the world' of the teenage parent service user (Ricoeur, 1981). At this phase of the analysis my knowledge linked with my 'forestructures of understanding' as well as understandings from the literature and the research questions formulated part of the process of fusing my knowledge [horizon's] with the meaning world the text revealed. This represented the corresponding Nvivo 10 processes of phase's four to seven as represented in the analysis strategy outlined in Table 6.1 of this chapter.

This stage of the analysis represents the incremental approach adapted in this study in adapting critical realist principles (see chapter four). The questions raised from depth examinations of the phenomenological findings resulted in the decision to explore the participants lived experience in the context of their social world (see chapter 1.5). To recap, questions raised from the phenomenological findings resulted in querying what affect 'being with other *Dasein* and indeed other entities in their world had on the experience participants revealed. As already discussed (see chapter 1.5) these questions included asking 'why' of the written text. Why did participants feel different? Why did some services treat them differently? Why did participants feel they existed outside of the realms of normalcy? Why did they have

a sense of being viewed of by others in their world as lesser than? These questions lead to the decision to explore beyond the subjective lived experience and address the possible causative factors that served toward the creation of the participants' sense of existence as a teenage parent service user.

For this purpose Derek Layder's (1997) Theory of Social Domains was adapted (see chapter four) to facilitate the equal acknowledgement of both the subjective and objective realm of social existence. His layered ontological framework thus provided the means to explicate depth understanding of the participants' lived experience that acknowledged the broader social realm of their existence. This final stage of analysis is presented in chapter 8 of this thesis.

## **6.5 Conclusion**

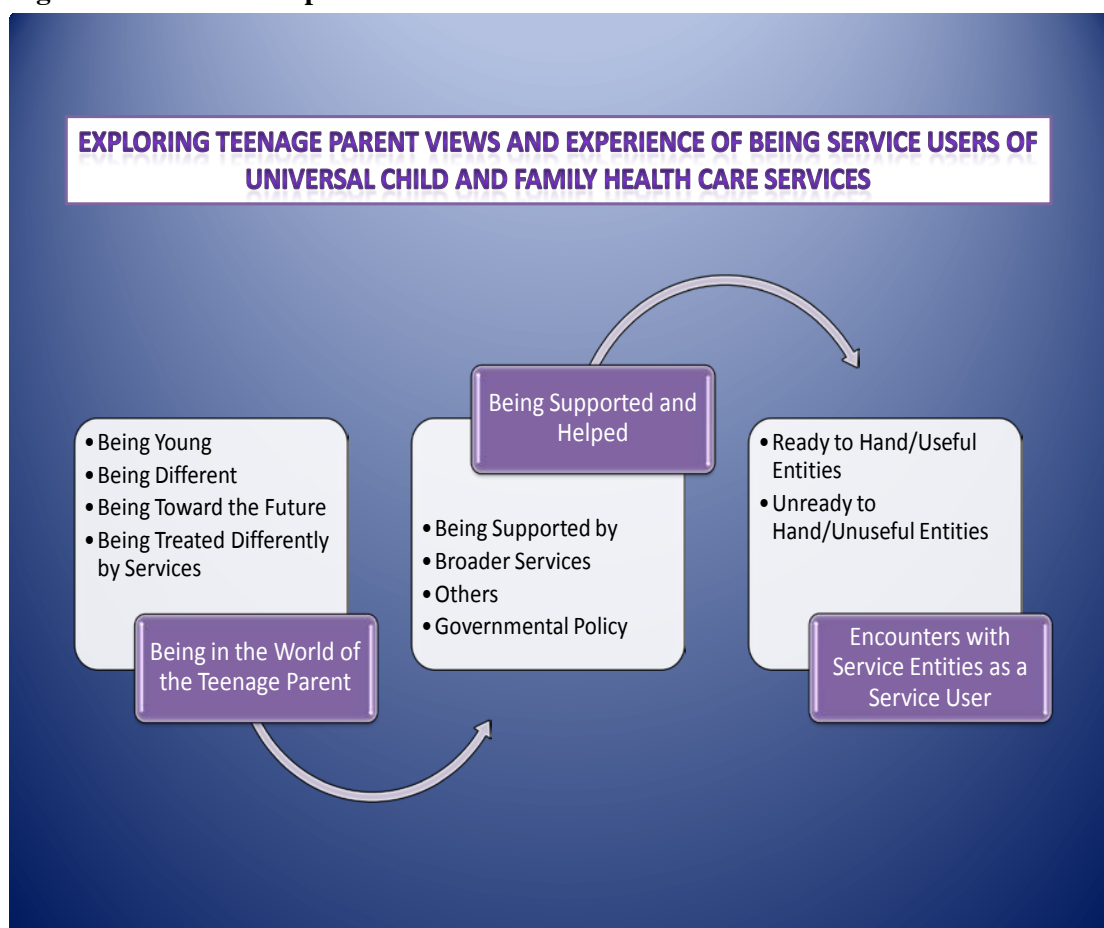
This chapter has made explicit the process of analysing and interpreting the data. The rationale in making explicit the key phases of this process was to demonstrate the decision trail of interpretation I made. Firstly, in revealing the subjective meaning of 'being a teenage parent service user'. A further focus was to make explicit the rationale in moving beyond subjective meaning through the adaptation of critical realist principles in explicating depth understanding of being a teenage parent service user. The subsequent chapters seven and eight present the findings from this analytical process. Chapter seven reveals naïve understanding representing the phenomenological subjective findings exposing the participants lived experience. Chapter eight represents depth understanding illuminating the participants' lived experience through the acknowledgement of both the subjective and objective realm of their existence.

## Chapter 7: Naïve Understanding - Being a Teenage Parent Service User

### 7.1 Introduction

This chapter presents the phenomenological findings from the thematic analysis of the data. The findings represents Ricoeur's (1981) interpretive phase of naïve understanding highlighting the participants' utterances or expressions as the meaning units that express through the written text the phenomenon of 'being a teenage parent service user'. Figure 7.1 presents the thematic representation of these findings. Three themes are presented in this chapter these include; being in the world of the teenage parent, being supported and helped and encounters with service entities as a service user.

**Figure 7.1 Thematic Representation**



These findings are presented in the context of Heidegger's fundamental structure of 'being-in-the-world' and expose what 'being a teenage parent service user' of



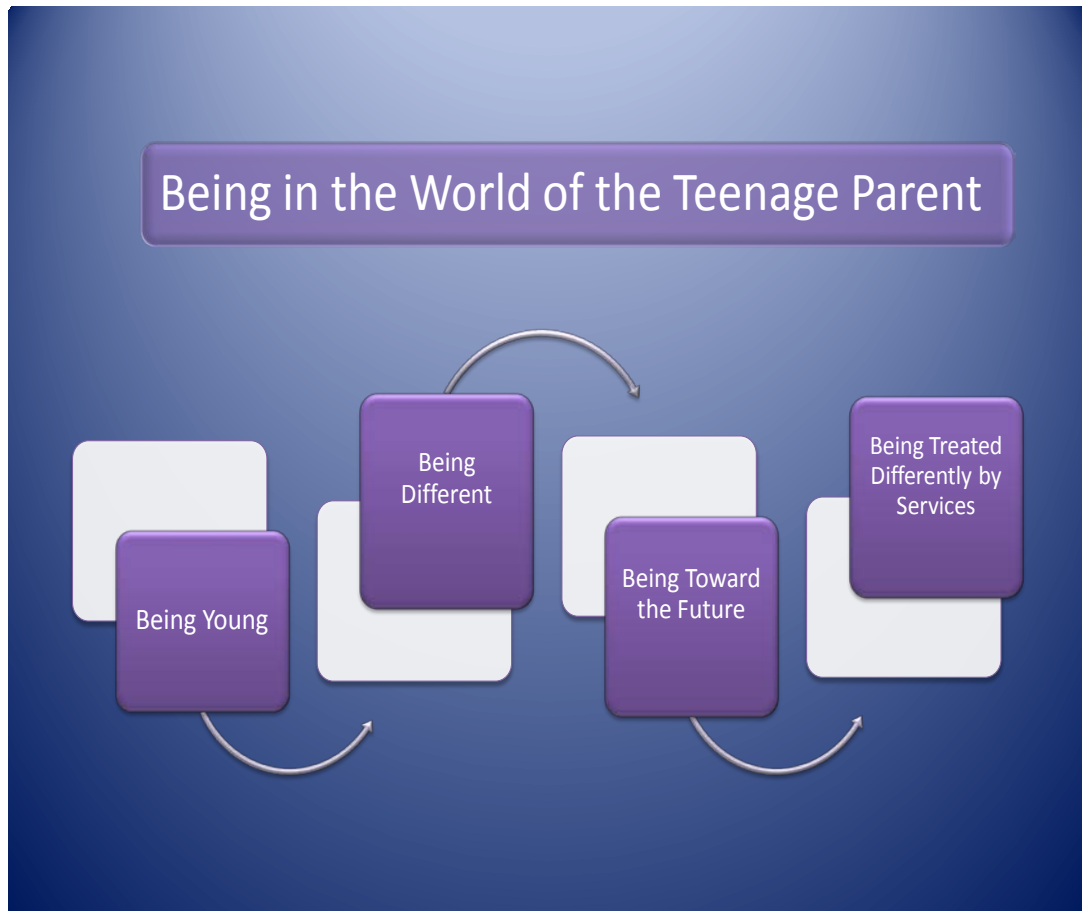
universal child and family health services means for this study's participants. Table 7.1 below outlines Heidegger's tenets considered in the presentation of the themes and subthemes presented in this chapter.

**Table 7.1 Heidegger's tenets considerations in theme presentations**

<b>Heidegger's Tenets Considered in Theme Presentations</b>	
<b><i>Theme: Being in the World of the Teenage Parent</i></b>	
<b>Subtheme</b>	<b>Heidegger's central tenet</b>
Being Young	'Thrownness' into the world of being a teenage parent
Being Different	Being with others [the they- Das Man]
Being Treated Differently by Services	Authentic vs. Inauthentic existence
Being toward the Future	Projections toward future possibilities
<b><i>Theme: Encounters with Service Entities as a Service User</i></b>	
<b>Being Provided with a Service that is Ready to Hand [Useful/Helpful]</b>	
<b>Subtheme</b>	<b>Heidegger's central tenet</b>
Being Heard by Services	Encounters with entities in the world
Being given the Right to Choose	Ready to hand/Useful Entities
Being Informed About Service	Circumspective concern- for the sake of which
Being valued and Respected	Ready to hand/Useful Entities
<b>Being Provided with a Service that is Unready to Hand [Unuseful/Unhelpful]</b>	
<b>Subtheme</b>	<b>Heidegger's central tenet</b>
Not Being Supported/Helped by Services	Encounters with entities in the world
Being devalued and disrespected	Unready to hand/Unuseful Entities
Not Being Heard by Services	Circumspective concern- for the sake of which
Not Being informed about Services	Unready to hand/Unuseful Entities
<b><i>Theme: Being Supported and Helped</i></b>	
<b>Subtheme</b>	<b>Heidegger's central tenet</b>
Being Supported by Broader Services	Being toward the future- <i>Dasein's</i> possibilities
Being Supported by others	Circumspective concern -for the sake of which
Being Supported by Governmental policies	Encounters with entities in the world

## 7.2 Being in the World of the Teenage Parent

**Figure 7.2 Thematic Representation- Being in the World of the Teenage Parent**



This theme from a Heideggerian stance reflects the notion of ‘being in the world’ with others and ‘being toward the future’ by revealing participants future aims, goals and possibilities as teenage parents (Heidegger, 1927/2011). Heidegger’s structure of ‘being with’ in the context of this theme reflects the participants shared existence with others in the world as both a teenage parent and as a service user of universal child and family health care services (Heidegger,1927/2011, p 152) (see chapter 4.5.7).

The theme reveals the participants ‘thrownness’ into their existence of being a teenage parent with others [the they Das Man] in becoming and being a teenage parent. From this stance of ‘thrownness’ the participants make known a sense of also ‘being toward the future’. This future directionality is exposed as their agency in exercising personal choice in choosing to continue their future ambitions such as

their educational aims as well as developing their parenting skills. The participants expose their sense of existing with others making known their views of how ‘others’ in both society and services view them as teenage parents. This reveals a sense of the influence others [the they, Das Man] have on participants’ existence.

The sense of the influence of others [the they, Das Man] on participants’ existence illuminates their sense of self (see chapter 4.5.8). This sense of self exposes a sense of ‘being different’ in context of comparing themselves to others in their world who are older parents. This sense of difference makes known participants’ views of ‘normal parenthood’ as being older and more mature which reflects the broader societal view of others. This sense of difference is also exposed in participants’ accounts of how they feel they are viewed and treated by universal child and family health care services as a service user.

Thus this theme presents the teenage parents views and experiences of ‘being-in-the-world’ with others [the they Das Man] as a teenage parent. It exposes their sense of existing toward future possibilities and their perception of how services treat them as teenage parents. This theme is represented by the following subthemes of being young, being different, being toward the future and being treated differently by services.

### **7.2.1 Being Young**

This subtheme makes known the participants’ sense of ‘being young’. Being young firstly reveals a sense of changed self as a teenage parent. Secondly, this theme exposes the participants’ sense of how being viewed as young by others [the they, Das Man] influence their existence as teenage parents. This subtheme echoes Heidegger’s’ construct of ‘thrownness’ in entering the world of parenthood as a teenager (see chapter 4.5.4).

The sense of self as a teenage parent in comparison to peers, friends and compatriots who were not teenage parents reveals a sense of changed existence from being a teenager to being a teenage parent. Participant 5 exposes experiences of separation and isolation linked with their changed existence in becoming a parent.

*I think they should have a support group for teenage mums. When I was pregnant I felt kind of lost. Just, all my other friends were out and weren't pregnant and I was just stuck in at home and I didn't have that many people to talk to and stuff.*

Participant 5

Participant 20 reveals this sense of difference in comparison to their friends who were not parents. They articulate this as an experience that could not be understood by others who have not travelled the journey of becoming a parent

*Because you know the younger age of your other friends, they wouldn't have babies so they wouldn't know what it's like...*

Participant 20

While the aforementioned quotes reflects a changed existence in becoming and being a parent in comparison to friends and peers, the subsequent quotes exposes how this existence also changes with regards to parental responsibility. Participants expose a heightened sense of responsibility toward their child especially in the context of how they feel broader society views them as young parents.

*With my friends I'm a whole different person than I am with adults or health professionals but that's only because I don't want them to think "oh God, she's just a teen mother who had a mistake for a child, I shouldn't take her seriously". That's the last thing I want because first off it's unfair to me but it's also unfair to my child. Because if he's just treated "oh God, here's a mistake child" or something like that I feel he wouldn't get the same attention. As if he's not as important.*

Participant 22

The previous quote by Participant 22 above reveals a sense of responsibility toward both themselves and their child in wanting to be valued by others in society. This quote reveals how this participant feels others view them referring to themselves as "just a teen mother" and to the potential for their child to be viewed by others as "a mistake child" because of being young. This quote exposes a changed or different existence between the participants' self who interacts with their friends or peers and the self who in this instance interacts with others. It reveals a changed existence in dealing with broader societal views in wanting to be valued for themselves and their child.

This sense of dual existence echoes Heidegger's' structure of choosing to enact an

authentic or inauthentic existence (see chapter 4.5.8). Albeit, in the context of Participant 22's choice to enact what appears to be an inauthentic existence with others in broader society, the rationale would appear to be the wellbeing of their child. This participant exposes an expressed need to be valued by broader societal 'others', especially with regards to how their child is viewed.

Similarly, the quote by Participant 17 below also reveals their responsibility as a parent toward their child and of wanting to be viewed of and valued as a responsible parent.

*Most young parents, well not most, some young parent's don't take care of their child and still are out drinking and having fun and whatever and they think all young parents are like that.*

*Participant 17*

While the above quotes expose a changed existence in comparison to participants' friends and peers with regards to responsibility as a parent, they also make known how participants felt others in their world viewed them as young parents. From a societal perspective participants reveal a heightened sense of being perceived of as too young to become or be a parent. The subsequent participant's quotes reveals actual account of the views of others with regards to this sense of social self. The quotes by Participant's 27, 22, 16, 11 and 13 reveal the actual views expressed by others of them as young parents

*Oh yeah, I have been standing at bus stops or in the shop and people talk out loud. Like I remember two auld ones talking at the bus stop looking at me and saying out loud 'my god, what is the world coming to, she must be 12 and pregnant'. So yeah, that sort of thing happened a lot, it wasn't just my imagination.*

*Participant 27*

*When you're a teen mother, people think instantly oh God. I used to get so many stares in the streets from old people and the general public when they see me they say "oh, is that her son? She's too young to have a son.*

*Participant 22*

*Like when some people don't know that I have a child, I say oh yeah, I've a two-year old and they're like "what!" I just moved house recently and I was talking to your one that was giving my lease and I said "yeah, I was giving the child a bath last night" and I was telling her the tap was broke and she was like "what*

*you've a 2 year old". And she was looking at me and she went "what age are you?"*

*Participant 16*

*When I said I was pregnant, everyone was like "You're pregnant!" and they couldn't get over it. There's nothing big about it, I'm having a baby, just like everyone else having a baby but I was just looked down upon because I'm pregnant ..... A few people did because I was so young. I was really young when I got pregnant, I was only 17.*

*Participant 11*

*There was one day and there was a baby, it was probably about 3 or 4 and the mother, the baby said something like "Oh Mammy, look at that girl" or something and she was like "no love, that's wrong, come away", she was like "that's not right".*

*Participant 13*

While the quotes above demonstrate accounts of views actually articulated by others in the participants' world, participant also revealed a self perception of being viewed by others as young to become or be a parent. This is reflected in the following participant's accounts of feeling judged or looked down on by broader society [the they, Das Man].

Participant 13 reveals this sense of thinking that others judged her for being young and pregnant. However, despite this strong sense of being judged this participant reveals in her quote a sense of challenging these societal views, choosing her authentic existence to be young and pregnant.

*Yeah, they just judge you straight away and it's just constantly in town "oh my God, look at her, she's pregnant". It's not peoples business to worry about us anyway, you know. It's just when you see that on the street. It was just across everything you know, hospitals, people, just people in general that you wouldn't even know but that's what I found*

*Participant 13*

Similarly, Participant 27 reveals this sense of thinking others looked down on her for being too young to become or be a parent. She exposes a sense of being looked at disapprovingly by others and of not conforming to societal norms of when one becomes a parent.

*Loads of people look down on you if you are young and*

*having a baby... I mean everywhere. You go out on the street and you see people's faces frowning at you and you know what they are thinking. Look at her she's too young to be pregnant*

Participant 27

The previous quotes makes evident the participants' sense of how others in broader society viewed them as being young to become or be a parent. This sense of being young was also articulated in the context of how participants felt other healthcare service users viewed them.

Participant 18 reveals a sense of discomfort as a maternity service user because of their perceived views of them by other mothers using this service. She reveals a sense of being looked at disapprovingly. This sense of disapproval prompted a need for this participant to separate themselves from other service users in order to feel comfortable availing of this service.

*I would in some places make small clinics for teenage mothers because sometimes if you go to maternity and other mothers will be looking at you really weird or bad looks because they see you are young. So some mothers don't feel comfortable*

Participant 18

Similarly, Participant 27 reveals a sense of being disliked by other service users. This sense of being disliked according to this participant's perception is perhaps because older mothers may have had challenges in becoming a parent in comparison with the ease with which she as a young person became pregnant. While this is the participant's perception, it echoes the views exposed within this subtheme of a sense of disapproval by others as being young to become or be a parent.

*I think sometimes even with the other women that you see in the wards, they might be in their thirties or forties and might have been trying to have a baby and they are looking at you probably thinking, here's this one, only young and no bother having a baby. Maybe that's it, I'm not sure but I know some people act like they just don't like you.*

Participant 27

The preceding quotes expose participants' prevailing sense that society views them as being too young to become or be parents. This sense of being young is also evident in participant's accounts of how healthcare personnel they encountered in child and family services view them. Participant 8 exposes the perception that other

service users viewed them disapprovingly. She also reveals feeling health care personnel might not approve of her being young and becoming a parent.

*Well they [maternity service doctors] were nice like but sometimes you'd be thinking... oh, what is he going to think of me over being so young and getting so pregnant, getting pregnant? Even in the maternity if you're sitting in the waiting room you're kind of getting dirty looks here and there, you know.*

Participant 8

Similarly, participants reveals feelings of being viewed as young or as a child as a service user, as articulated by participants 5 and 15 below. *When you're a teenage Mum, people just think you're a child having another child but when they came, they didn't talk to me like I didn't know what I was doing. They [PHN] were really nice and they just treated me like I knew what I was doing, they talked to me like I was a grown-up instead of treating me like a child.*

Participant 5

*As a teenage parent I did see, when I was going to doctors and clinics [GP and PHN clinics] that they sort of looked at me as if I was a child, all right I know I was a child but obviously I had to grow up and I would have liked to have been treated like a grown-up*

Participant 15

The impact on participants of feeling they were regarded as being too young or of being a child appears to have also left participants with a sense of being a “disgrace” or of “being irresponsible” with regards to how they felt others in their world viewed them. This is particularly evident in the quotes from Participants 11 and 22 who express this sense of disgrace and irresponsibility.

*They [maternity services] were looking at me as if I was only a child over there. And I felt pure awkward inside over there because I felt as if I was looked upon as a disgrace because I was so young having a baby*

Participant 11

However, despite this sense of feeling as if they were being viewed as irresponsible, participant 22 eloquently articulate that the perceived views of others in their world could indeed be misguided. This participant articulates that she used contraceptive methods challenging the sense of being irresponsible that this participant felt was the views others had of them.

*When I first found out I was pregnant I went to my GP and he said*



*to me “was this a planned pregnancy?” and I said “why would you ask that, obviously it wasn’t planned” because I’m young .....Ah, you know this is someone who got drunk and who happened to have a child and that’s not the way it was at all. I mean, I was with my partner and we were using protection and stuff like that and I went on the pill and just my contraception methods failed, it wasn’t like I wasn’t... Like they just made me feel like I was irresponsible and I had a child because I was irresponsible, but that’s not the case.*

Participant 22

The sense of challenge for participants of existing in their world with others whom they sensed did not approve of them as parents, viewed them as a child, or as a disgrace or as irresponsible, also revealed a sense of striving for an authentic existence to be valued as a parent. This sense of striving to be valued as an authentic parent was eloquently articulated by Participant 15 quoted earlier “they sort of looked at me as if I was a child; all right I know I was a child but obviously I had to grow up and I would have liked to have been treated like a grown-up”. This viewpoint is also echoed in the words of other participants who reveal a sense of wanting the opportunity to grow and develop as a parent. Interestingly, while this study’s participants’ included only two fathers, Participant 17 [Dad] also articulates from the perspective of becoming a father the same sense of others in his world perceiving them as “too young to have a child” or of being viewed by others as “a child having a child”

*Basically they [maternity services] were looking at us because we’re underage, that’s basically it. They think we’re too young to have a child, that we’re a child having a child.*

Participant 17: [Dad]

### **7.2.2 Summary**

This subtheme of ‘being young’ reveals participants sense of co-existing with others in society where the predominant articulated views of them was that they were young to become or be a parent. It also reveals a sense of self, highlighting what participants’ thought were ‘others’ views of them. The sense of being viewed as young, as a child, being disapproved of, being viewed of as irresponsible or as a disgrace by others in their world is strongly represented in this subtheme. However, despite this predominant sense of being viewed of negatively by others in their

world, participants demonstrate a sense of wanting both themselves and their children to be valued by others, of wanting to be valued themselves as a parent. The subtheme reveals a sense of difference from being a teenager to being a teenage parent, especially linked with the responsibility of being a parent. This sense of responsibility exposes a changed existence from that of participants' peers and friends who are not parents. While this subtheme reveals how a sense of 'being young' impacted on the participants existence in the world with others, it is closely interlinked to the subsequent subtheme that reveals a sense of 'being different' because of 'being young'.

### **7.2.3 Being Different**

While the previous subtheme reveals how the sense of 'being young' reflected participants sense of how 'others' in their world viewed them. This subtheme 'being different' is closely intertwined with this previous subtheme and reveals participants' sense of 'being different' because of 'being young'. This sense of difference was particularly evident in participants' accounts of being with 'older parents' in their world. This subtheme reveals a sense of participants comparing themselves to the perceived sense of 'normalcy' that older parents represented for them as young parents in the context of the broader societal views of others. Participant 20 reveals in their account this sense of 'normalcy' linked with viewing older women having babies as "more normal" to have a baby and by inference become a parent.

*Like basically, you know the older women, the people of a normal age that have babies, they're more normal because it's not really normal for a younger person.*

Participant 20

Participant 1 articulates this sense of difference is because of chronological age, referring to feeling different from older parents because they are young and a parent.

*I'd feel kind of different from them [older parents]... I don't know. I can't really explain it but just, going into the hospital and things, there were loads of older pregnant people going in for their appointments and things like that. I suppose there is nothing I can do about that. Everyone was really nice in the hospital and they were all friendly so I didn't really mind that. I suppose just cos I was obviously only 17 going to the appointments and others would have been middle-aged, I just felt a bit different.*

## Participant 1

The sense of being viewed as different because of age is also revealed in Participant 17's account of how he feels others in broader society looked at both his partner and himself as parents.

*The people even on the streets. They do give us a bit of a look like, especially the kind of older people. They think people our age should be out enjoying ourselves, not pushing a buggy down the road. They don't actually get it.*

Participant 17 [Dad]

While Participant 7 [Dad] articulated a sense of difference in feeling prepared to become a parent in comparison to older fathers whom he distinguishes as being ready for parenthood.

*....someone in his thirties, that's different. He's prepared for all this whereas if you're my age, I wouldn't be prepared.*

Participant 7 [Dad]

Similarly, a sense of difference in being an 'older' teenager reflects the notion of being viewed as 'normal' according to the views of others. Participant 24's reveals this sense of difference between the older and the younger teenager. She exposes views of the older teenage parent as being more acceptable to others. In particular she exposes this view of acceptance being evident in her interactions with service providers.

*....I was like 19 when I had her you know, so I wasn't too young like 15 or 16. If I was that age they'd probably look down on me a little more. There's a big difference between a 15 year old and a 19 year old I think. It's just like a baby having a baby isn't it? They [services generally] wouldn't treat it [having a baby] probably as well as an adult, do you know what I mean. That's what I think anyway.*

Participant 24

Participant 27's account of attending antenatal classes reveals a sense of feeling silly and uncomfortable because their perception of 'normalcy'. This participant exposes their sense of difference as being young and single in comparison to the perfect parent. She portrays her sense of difference as feeling at odds with what she perceives is the perfect parent who is the correct age, has a stable partner and is in an established relationship.

*Because they are there with other parents, you know the perfect*

*parents, the ones that are the right age to be having a child. Like for me I attended one or two of them with my mum, I just felt uncomfortable. It felt silly being there with my mum when all the older women that were there with partners and I felt like I was looked at by everyone. I felt the odd one out.*

Participant 27

Participant 22 articulates changing their physical appearance in order to diminish their sense of difference linked with chronological age. This changed appearance was made in order for this participant to look older. This participants' rationale in making this change was to ensure they were viewed of as being within the parameters of 'normalcy' set by broader societal views of others in their world.

*But I mean, overall. I kind of changed my appearance, I used to have really, really long hair and I used to look really childish. Now I've cut my hair shorter and I've dyed it blonde to make me look a little bit older so people treat me with more respect.....And now I'm going out and they don't even pass notice to me because I dress older, I act more mature.*

Participant 22

This choice in changing their appearance to diminish their sense of difference they felt was clearly linked with their sense of being a younger parent and feeling different. It also reflects their choice in choosing to enact an inauthentic existence appearing as an older parent in order to gain what they perceive is the respect and approval of others.

#### **7.2.4 Summary**

This subtheme 'being different' revealed the participants' sense of difference when comparing themselves as young parents to older parents with whom they 'exist with' in their world. It reflects participants' sense of 'normalcy with regards to what they perceive is normal periods in the lifespan to become or be a parent. This sense of difference is revealed as a sense of being perceived by others and by themselves as 'being young' or 'too young' to enter the world of parenthood. The sense of 'being different' because of 'being young' linked predominantly with chronological age appears to be also linked with participants sense of their level of maturity to be a parent when comparing themselves to older parents. Participants articulated their ideal of normal parenthood as encompassing readiness for parenthood linked with chronological age and maturity. The sense of 'older parents' being ready for parenthood because of being viewed as more mature

added to their sense of 'being different' as younger parents. However, irrespective of this sense of difference participants demonstrated within this subtheme a sense of wanting to be valued as parents, despite the adversity of feeling that society viewed them as not old enough or indeed established in the period of their lifespan to be in this parental role. This sense of wanting to grow and develop their skills and knowledge as future capable parents is closely linked to the subsequent subtheme 'being toward the future' that reveals their future directionality linked with their child's and their own possibilities.

### **7.2.5 Being Toward the Future**

While the previous subthemes 'being young' and 'being different' revealed participants' sense of 'being with' others in their world, this subtheme reveals participants' personal sense of 'being toward' their own future possibilities. This sense of 'being toward the future' echoes Heidegger's notion of directionality toward the world revealing in the context of this study what is of consequence or really matters to the participants in choosing to pursue their individual future possibilities, goals, aims and ambitions (see chapter 4.5.14).

This choice in exploring their future possibilities was enacted within the context of the participants' world in which they now exist as parents. It reveals a sense of participants' 'circumspective concern' (Heidegger, 1927/2011) with regards to both their child's and their own future possibilities. It reveals participants' sense of 'circumspective concern' in being provided with the opportunity to grow and develop as parents; as well as their ambitions to pursue their education in order to secure a better future for both themselves and their child. Finally it reveals through their 'circumspective concern', 'angst' and 'understanding' their 'directionality' as parents in ensuring their child's present and future health and wellbeing needs were met.

With regards to participants revealing a sense of wanting the opportunity to grow and mature as future parents. This subtheme reveals a sense of knowing that given support help and advice they possess the potential to develop and grow in this role. Participant 17 [Dad] articulates this sense of wanting an opportunity to mature as a

parent:

*But just because we're young doesn't make a difference, we can mature as well; we do know what we're doing.*

Participant 17 [Dad]

Similarly, Participant 27 revealed this sense of maturing and developing as a parent while acknowledging their need for support and help to achieve this future goal of existing as a mature parent.

*So yeah, teenagers I think need a lot of help and support to understand what they need to do and how to prepare for things. Yeah, they will mature but they need a bit of help to mature. I know I have definitely matured over the last 3 years.*

Participant 27

This participant also reveals the sense of difference that they perceive is the needs of the younger parent in 'being toward the future' in comparison to what they perceive is the mindset of the older person. They reveal needing to be provided with an opportunity through help and support to develop and grow into their parental role. This participant articulates a need for young parents to have people or services who will work with them. This participant reveals a sense of knowing that with this form of support young parents can develop and grow into their role as parents.

*Well let's take you, Marcella [researcher], if someone said to you in the morning you are not paying your mortgage and you might lose your house. You would take that on board, you would think of what might happen because you are older and more mature. For the teenager, you would need to work with them, spell out for them what might happen because they would just go, oh ok and not think what could happen. So that's what I mean by drill down, you have to work with them, spell out stuff, show them stuff, help them to get prepared for stuff because teenagers themselves don't even know what to think or where to begin...*

Participant 27

Participant 3 reveals a sense of the parental role being a natural phenomenon, of instinctively knowing how to be a parent. However, this participant also echoes the views of other participants with regards to the need for support to develop and grow in this role. Her account reveals the support she receives from her mother.

*Because I think when you have a baby it comes naturally, you*

*know what you are doing and at that I was living at home with my mother who had six kids so she knew what she was doing.*

Participant 3

While the above quotes reveals the sense of participants 'being toward the future' in wanting to develop and grow as parents, this subtheme also revealed a strong sense of participants wanting to continue their own individual future educational pursuits. In working toward this goal participants reveal a sense of their 'directionality' in wanting to secure a better future for both themselves and their child and in overcoming a sense of challenge in their now changed existence as a parent in achieving this goal. Participant 11 reveals a sense of 'working hard' toward achieving their leaving certificate. This participant reveals a sense of determination in continuing to work toward this goal irrespective of their changed existence as a parent.

*Since I had the baby I went back and the baby was 2 and a half months and I've been working hard, I have been working hard and I'm doing my leaving cert and just because I have a baby it doesn't mean that it's going to stop my life.*

Participant 11

Participant 15 echoes this sense of life continuing on and of working toward their individual educational goal. This participant reveals a sense of the importance for them personally of achieving their own educational goal to explore their individual future possibilities.

*so they know that they are a teen mother and they know that their life isn't over. It's not the end of the world, because I went back to repeat my leaving cert because I was pregnant when I was doing my junior cert. I went back and I did my junior cert. I went back and I did my leaving cert, last year I went back and then I left and then I said that I was going to come back and I did it this year so I'm happy about it but most of the girls that I know they've left because they're pregnant and they think that what good is school when I have to look after a child. At the end of the day you need your education because where are you going to go with no education?*

Participant 15

Similarly, Participant 2 echoes this sense of personal determination and ambition in pursuing their third level educational goals against the difficulties of financial constraints while also ensuring their child's needs are met. Her account reveals

negotiating what could only be described as a difficult landscape in ensuring both financial support and childcare needs are met. Despite these difficulties this participant reveals wanting to achieve this future educational goal for both themselves and their child's future.

*Yeah, I'm going back to college and I'm panicking about funding for everything and like crèches. Crèches, I think there should be something because I'm having a problem this year with paying for a crèche ... So that's a big thing. Especially as I live by myself and have to cover my own costs. Because crèche is going to be about €150 a week... I want to do it [go back to college] now before she goes to school. I don't want to be sitting around doing nothing.*

Participant 2

Participant 27 reveals what achievement of their educational goals means to them. She reveals her directionality in pursuing her goals linked with providing a more secure basis for both her child and her own future. She exposes the importance she places on achieving her educational goals linked with securing employment and financial security for the future.

*I think it is really important that teenage parents know that life goes on. Like I'm doing this course here and I really would like to become a social worker. ... But I really think you need an education and some type of qualification if you want to make a life for you and your baby... That you have to keep interested in getting you and your baby sorted, you don't want to be living on welfare all your life*

Participant 27

This subtheme has thus far revealed participants' ambition to develop as a parent, to achieve educational goals, secure employment and financial stability for their future as a parent. This theme also reveals participants' future directionality with regards to their child/ren's health and wellbeing. This aspect of the subtheme reveals participants sense of 'angst' exposing their concern as a parent for their child's health and wellbeing. This sense of angst echoes Heidegger's structure of 'mood', these being notably fear and anxiety (see chapter 4.5.14). From this viewpoint the participants' directionality makes known what matters to them is their child/ren's health status. This is particularly evident in the participants' accounts of their interactions with universal child and family health services.



Participant 11 exposes this sense of ‘circumspective concern’ in acting immediately on behalf of their child. She reveals her sense of angst and directionality in seeking the urgent advice of her GP about their child’s health issue.

*My son got a rash on him only the other day and I rang him [doctor B] yesterday morning and I said I’m really worried about him in case it’s measles or something, I was really worried about it*

Participant 11

Participant 3 also exposes this sense of ‘being toward the future’ with regards to their ‘circumspective concern’ for their child’s present and in this instance future health.

*When he was one, before Christmas, I was saying that he’s a bad eater. I was actually getting really worried about it so I brought him out to the regional.*

Participant 3

Similarly, Participant 14 echoes this sense of ‘circumspective concern’ for their child, revealing their concern and directionality ensuring their child was seen and regularly reviewed on an ongoing basis by the service

*...I brought the baby down and she [PHN] told me that he wasn’t heavy enough for his height, cos he’s really tall. So he wasn’t heavy enough for his height and she was going to send him to a dietician and everything. Then I got paranoid and I was bringing him down every month...*

Participant 14

Participant 10 also echoes this sense of ‘circumspective concern’ for their child’s future wellbeing in availing of the immunisation service. This participant reveals a sense of angst and directionality in wanting to protect their child against any future risk.

*I think you have a choice but you’re better to get them done to protect him even though I was really nervous bringing him in the first time.... I was afraid it would hurt him too bad but he actually wasn’t that bad, I thought he’d be worse.*

Participant 10

Participant 5 also reveals a sense of ‘angst’ not only for their child’s health issue but also in seeking a service that they felt they could trust to effectively treat their child.

*Yeah, I like my GP but I don’t think that she’s great with kids, so I’d like to go for another GP for the year. I just don’t have 100%*

*trust in her.... Because when I went to her she told me that she [baby] wasn't sick with a cough or a cold and then I knew that there was something wrong so I went to another GP and he told me to go to the hospital because he thought that she [baby] might have pneumonia.*

Participant 5

These quotes reveal how participants' 'circumspective concern' and sense of 'angst' exposed their 'directionality' toward their child's health and wellbeing. This directionality was also revealed by participants' need to understand services structures and processes. This sense of seeking to understand the service echoes Heidegger's concept of understanding [Verstehen]. Through the process of understanding Heidegger presents the person [Dasein] as being engaged in activities that are aimed or directed at their individual future possibilities (see chapter 4.5.4). In the context of this subtheme it would appear that participant's sought to understand the service in order to effectively ensure their child's health care needs were met.

Participant 13 reveals this sense of seeking to understand the immunisation service in order to ensure her child is vaccinated. While this participant revealed a sense of being shown by the health service personnel she also reveals her 'circumspective concern' in ensuring that appointments and follow ups were completed.

*Yeah, every time I went in she [practice nurse] showed me the bottle and everything that was wrote on it and what it was for and what it was. The 3-in-1 and 6-in-1 and just went through everything with me and when to come back for her next ones. She made sure I knew what she was getting.....I've made appointments there again but then we had the orange record book so it [immunisation schedule] was in that anyway but I'd make my appointments there and then after.*

Participant 13

Participant 14 also reveals this sense of seeking to understand their future needs in the antenatal period with regards to their future labour and delivery. She exposes her expressed need to be informed. However, she also reveals the services deficit in not fully informing her because she did not know what exactly to ask about. This participant reveals subsequently finding information through sources other than the healthcare service.

*I got brought in on a one-on-one with the woman that does the*

*ante-natal classes but the way she did it she said that I could only ask what I wanted to know about and I didn't know anything. To be honest I found out more from the programme "16 and pregnant" than from the doctors.*

Participant 14

Similarly, Participant 24 reveals this sense of seeking to understand how to care for themselves and their child during the postnatal period which in this instance appears to have fulfilled the participants need to understand.

*...she [PHN] explained everything to me, how to treat the baby and all, and myself how to look after myself. She explained a lot of things.*

Participant 24

### **7.2.6 Summary**

This subtheme 'being toward the future' echoes Heidegger's structures of 'circumspective concern', 'mood' and 'understanding' which revealed the participants 'directionality' toward their world illuminating what is of consequence or matters to them (see chapter 4.5.14). Participants' 'circumspective concern', 'angst', and need to 'understand' reveal a sense of 'being toward the future' in wanting to grow and develop their individual competence as a parent, of wanting to pursue their personal ambition of achieving their education with a focus on improving their own and their child's future. It also exposes a sense of wanting to understand how services are structured and delivered in order to ensure their own and their child's health needs are met.

This future directionality is revealed in the context of participants existing with a perceived and socially understood persona of 'being in the world' as a parent that is both 'young' and 'different'. The subthemes of 'being young' and 'being different' exposes the challenge these participants face in existing with broader societal views linked with teenage parenthood. For these parents these societal views categorise their existence as teenage parents as existing outside the realms of 'normalcy'. Despite these challenges, the subtheme 'being toward the future' reveal participants striving toward their authentic existence in wanting to become a competent capable parent. This future authenticity also includes their goals of wanting to understand services in order to ensure their own and their child's

health care needs were met and of aiming toward securing a better future for themselves and their child.

The subthemes ‘being young’, ‘being different’ and ‘being toward the future’ have thus far illuminated the participants’ sense of ‘being in the world’ as a teenage parent ‘with others’ as well as their future directionality. The participants’ sense of ‘being young’ and ‘being different’ are closely interlinked to the subsequent subtheme which illuminates their ‘being in the world’ as health service users. This theme reveals the participants’ sense of how they were treated by universal child and family health care services and the impact ‘being young’ and ‘being different’ had on their experiences.

### **7.2.7 Being Treated Differently by Services**

The sense of ‘being young’ and ‘being different’ is closely interlinked with how participants viewed they were treated by universal child and family healthcare services as service users. This subtheme reveals a strong sense of ‘being treated differently by services’ because of ‘being young’ and ‘being different’. It reveals the impact broader societal views of ‘normalcy’ had on participants as service users reflecting a sense of perceived and actual marginalization because of ‘being young’ and ‘being different’. Perhaps what is absent in this subtheme is the recognition of the participants sense of ‘being toward the future’ with regards to their aspiration to be competent parents, who are concerned for their child’s and their own health, welfare and future.

This subtheme echoes Heidegger’s structure of “fallenness” which he depicts as “an absorption in Being-with-one-another” in the world (see chapter 4.5.8 - Heidegger, 1927/2011, p 220). From this stance of “fallenness” Heidegger argues that the person conforms unquestioningly to societal norms and values, thus losing their selfhood (Heidegger, 1927/2011). Within the context of this subtheme, the structure of “fallenness” reflects not necessarily the participants’ conformity to societal norms and values but rather the impact their sense of ‘normalcy’ had on their self-perception of how they were treated as service users. This structure of ‘fallenness’ also reveals the sense of how ‘normalcy’ impacted

on the service personnel providing the service to participants as service users.

With regards to participants self perception of being treated differently by services, this theme unveiled again the sense of 'being young' and 'being different' with participants revealing a sense of perceived difference of how they were treated in comparison to what they perceived as 'older' service users. This not only reflected a sense of different treatment with regards to themselves but also of their partners and their child.

Participant 20 reveals a sense of being treated differently because of being young comparing her treatment to 'older women' service users. This participant also articulates a sense of different treatment toward her partner.

*She [maternity] just seemed like she kind of treated me differently than all older women having babies. And then my boyfriend, when he was coming with me because he was there and he wanted to be involved with everything and he came in and she said "oh no you go back.*

Participant 20

Participant 7 [Dad] echoes the sense of being treated differently as a partner in not being facilitated to accompany his partner while using the maternity services and comparing this treatment to what he observed of 'older' service users. His story of another couple as being older, married and about 35 reveals this participants sense of 'being different' and of his perception of 'normalcy' compared with this older couple, representing for him a sense of 'being young' and treated differently as a service user.

*It was definitely because we were teenage parents because there was an older couple; you could tell they were married. The two of them were about 35, wherever she went, he went and there was no objection to it by the nurses.*

Participant 7 [Dad]

Receiving different treatment because of 'being young' is also echoed by Participant 11, who reveals a sense of distinction in treatment between 'younger' and 'older' service users. This difference of treatment also reveals this participants' sense of being ignored by the service.

*I seen the way they [maternity unit] were with older people, like just say in their 20 or 30's. They were lovely with them; it was just with young teenage girls they treated you different like...they would barely even recognise you were there...*

Participant 11

This participant also reveals hating attending the service because of being treated as young and of being spoken to in a derogatory manner. She reveals avoiding attending the service despite having problems during her pregnancy.

*Yeah, I was looked at like I was a child over there [maternity unit] ... the first time I went over to Admissions and they were looking at me and saying "is it you that's pregnant" and I was like "yeah" and "what age are you" and "look at the heights of you" because I'm very small. I found it very ignorant, I hated going over there, I'd loads of problems in my pregnancy and I hated going over. I often just didn't go over because of the way they did it over there.*

Participant 11

Participant 14 demonstrate their sense of being treated differently in comparison to 'older' service users acknowledging not feeling respected in comparison to how other users were treated. This participant also reveals a sense of being judged by personnel with regards to the personnel's ideal of what teenage pregnancy meant to them as opposed to this participant.

*Yeah, sometimes they [maternity services] were grand like when I was getting my check-ups but there's... I fell one time and I had to go in and there was a doctor and she was like "oh, you're only 17 and you had your whole life ahead of you" and everything like that, and I didn't like the way she was saying that. And after I had the baby ....there was a woman in the room with me as well, they showed more respect to her because she was older and married and everything, they kinda showed more respect to her than they did to me.*

Participant 14

The impact of the sense of 'normalcy' is also raised by Participant 17 [Dad] who articulates a perceived sense of service personnel treating older couples differently to him and his partner.

*They were nice to the older couples of course like because they obviously think they're older. They're more respectful because*

*they're mature like.*

Participant 17

Participant 22 also reveals this sense of perceived different treatment in comparison to her 'older' step mother comparing her experiences of the service with her step mother who recently had a baby.

*My step-mother had a child, maybe a year before me so... I went to some of the things with her and I know the way they treated her was completely differently as to how they treated me. She had children before, she was experienced so they were like "okay, so you know a little bit about this already but let me explain it to you again". When I went in I'd no idea, "okay now I think you can find out yourself". So that's the way I felt.*

Participant 22

This subtheme thus far reveals participants perceived sense of being treated differently especially in comparison to 'older' service users revealing again the participants perception of 'normalcy' with regards to becoming and being a parent. The participants sense of being treated differently because of 'being young' echoes their perceived sense of 'being different' in that 'older' service users were viewed by service providers as being the right age, in an established relationship and more mature. As an outcome of this sense of 'normalcy' participants viewed 'older' service users as receiving a more favourable service.

However, participants also recounted actual events that confirm their perceived sense of 'being treated differently by services'. In some instances participants' reveal positive interactions with sectors of services portraying a sense of being valued as a service user. However, predominantly this subtheme reveals a sense of participants being viewed as 'young' and 'different'. The interactions with service personnel perhaps reflect the impact broader societal views of 'normalcy' had on personnel providing the service. This impact is reflected in personnel's understanding of the capacity and capability of participants to be competent parents. This impact also reveals a more sinister outcome in what can only be described as a culture of disdain toward these participants as service users.

With regards to being viewed as lacking competence, participants reveal what

appears to be a lack of understanding by service personnel with regards to participants' capabilities. Participant 22 expressed her sense of frustration of being viewed as lacking competence or capability and in particular the manner in which service personnel spoke with her.

*I know I wasn't treated the same because I was young. It must have been, I don't see any other reason why. I'm mature enough for my age, I can comprehend things, I'm an educated person. Also another thing is they talk down to you. They really do, they talk down to you as if you don't know. For example, my mother... my stepmother goes into the doctor and he'll say "now there might be a little bit of complications with this because of this and this" and they say it straight out to them, while if they were trying to say it to me they might be. It might be. "there's a problem with your son because of a cord, it's the umbilical cord, do you know what that is? It's wrapped around his neck. Do you understand what I'm saying to you?" And it's like, "no, I'm deaf, no I can't hear you!" do you know? It's like I understand what an umbilical cord is. I've done biology you know. Yeah. It's like you don't understand because you're younger. They could be trying to do it because they feel, you know, if I explain everything really slowly she might comprehend it, but I just don't think it's necessary. We're able to say "okay, I don't actually understand what you're saying". We're able to say that.*

Participant 22

This interaction exposes a lack of recognition of this participant's sense of 'being toward the future' with regards to her plea to be treated as a competent, capable person. Whereas participant 27 reveals a sense of being treated differently by some services because of being young, conversely she highlights valuing the service that treats her as a normal parent. Overall, this participant exposes the value she places on being treated respectfully and fairly by services.

*You know, when you are older, maybe in your thirties or something and you are all set up in life. That's the only type of mother some of those auld ones caring for us in the hospital had time for. Mind you that was just in the hospital as I said the midwives in the community were just brilliant, they treated you as a normal person having a baby, they made you feel comfortable, they were kind and they were there for you. Just because I am younger I should be treated fairly. It was just timing, that's all. I am delighted to be a mother now and really I think I have more energy and more time with my child. So all I am saying is teenagers who are parents and havin babies should be treated fairly.*

Participant 27



Participant 11 also highlights a sense of being viewed as not being capable to know and assess when she was in labour. This incident exposes a sense of the participant being subjugated to a passive role with only the voice of her own mother (an adult) being heard by the service.

*When my mother came over with me I was grand but when my partner came in with me it was just completely different, every time we went over together. It's just admissions that I found really ignorant. When I knew I was in labour, when my waters had broke they said my waters hadn't broke, that I'd just urinated myself. And I said no I didn't, I knew my waters had broke. They didn't want to check me and I asked, I said I want to be checked. They waited an hour before they did actually check me and then they said "oh your waters did actually break, you should have told us". And I was like "I did tell ye" and my mother had rang them as well and told her that my waters had broke. And they said "bring her over straight away" but my partner brought me over and I just found them very ignorant over there.*

Participant 11

In direct contrast to this participant's account above, she also reveals a sense of absolutely valuing the service received from service personnel when they were in the labour ward giving birth to her baby.

*Because they did a lot for me when, because I was whinging and I was crying with pain. "I didn't want to" I was saying, "I'm not able to do this" and they'd say to me "you are able to do it, don't worry it happens every day, we're going to look after you". They did a lot for me inside there, if I was in pain they brought me in a lot of glasses of water and they brought me in... I asked them for food, I was starving and they brought me in food. They did a lot for me. There was one girl [name] I think, I think of her every day. I love her to bits, I got her presents and everything because she was so good, she's the one that delivered my baby. She was there the whole time, I know they're meant to be there the whole time but she was just absolutely lovely.*

Participant 11

While Participant 11 describes how different sectors of the service left her with a sense of being valued and conversely being subjugated to a passive role as a service user, the negative aspect of this experience appears to be a dominant one within this subtheme as reflected in the subsequent accounts by participants 10,

12,13,14,15 and 16. This sense of not being viewed as capable is echoed by Participant 10 who reveals the assumption made with regards to her capacity to prepare her child's food

*The only person was the public health nurse about him eating his food. She assumed that my mother was making his food. She assumed it was my mother doing this even though I was doing it for my baby. Yeah, she assumed this even though it was me. I thought that was a bit strange...Maybe don't assume this . I am capable of making my baby's food.*

Participant 10

Participant 12 describes their sense of being told "what to do" which perhaps reveals a sense of paternalism in how this participant was treated by this service.

*She's [PHN] always nagging you and telling you what to do and tell you what to feed the child and...she was just annoying*

Participant 12

Participant 14 exposes in this incident a sense of 'being toward the future' in "trying to breastfeed" and in seeking help to achieve this goal. The participant articulates a sense of being disdainfully dismissed and left to "...figure it out yourself" revealing a sense of this participant being marginalised. This sense of marginalisation is especially evident when compared to the treatment this participant articulates was provided to another service user.

*When I was trying to breastfeed and I asked the nurse [maternity services] to help me and she came in and she said "you have to figure it out yourself" and I didn't have a clue about it or anything and then when the woman [older parent] was trying to get help across from me they spent more time with her and got the specialist doctor and everything. They never did that for me.*

Participant 14

Thus far, this subtheme reveals a sense of participants 'being treated differently by services' because of 'being young' and 'being different'. It exposes the impact perception of 'normalcy' linked with teenage parenthood had on both the participants as service users and the service personnel as providers. This subtheme also exposes a more sinister outcome linked with perceptions of 'normalcy' resulting in a culture of disdain toward participants as service users. It reveals a sense of not seeing the participants as service users who have a right to a

fair, equitable and just service and of not seeing the participants as equal citizens.

Participant 15 reveals a sense of being treated with disdain, she articulates being roared at by services and of being made to feel like "... a bold child...". Yet in this quote this participant reveals their future directionality in wanting to be treated as an adult as opposed to a child.

*They'd sort of roar at you if you were late, they'd give out to you and you think like you were a bold child, nearly back into the nappy-stage like. I would have liked to have been treated more like an adult rather than a bold child. If you showed up late, they'd start giving out about it but what can you do if you have got a newborn baby, like for example you can't rush the child's feeds?*

Participant 15

Participant 16 echoes this sense of being treated with disdain in her account of her child's admission to the hospital.

*I'll never forget that night when he had the convulsion. I asked your one, an old one like she must have been about 60 and I said "basically can I get some blankets", the child was asleep on that wooden thing and I said "can I get some blankets off you when you're ready please" and she kind of looked at me. I never got a blanket, I never got a sheet, I never got a pillow. I'd to literally sleep on a chair for the night. I had asked them 4 or 5 times like.*

Participant 16

However, she also highlights that this treatment was not universal across the service

*But then the next morning a young nurse came in and she said "did you not get any blankets last night?" I was like, "no" and she goes "oh, my God". She was apologising for the one that was there the night before.*

Participant 16

Participant 13 also makes known this culture of disdain in her stark account of her interaction with services. Albeit, this participant also revealed that this culture was not universal across this service initially highlighting a service that acknowledged her as a service user who had the right to receive an equitable, fair and just service.

*They [maternity labour ward] were just so friendly and helpful and they just did everything they possibly could for me. They were there for you and they just kept telling you everything would be okay and kept you thinking positive. They [maternity labour ward] were just real nice and friendly and it was afterwards then when I had the baby and I was in the ward [maternity postnatal ward]*

*after the baby and there was just drama like, my father nearly went in and killed them.*

Participant 13

Her account of her postnatal care reveals this culture of disdain highlighting a sense of disregard for her rights as well as her partner's and her child's rights as service users.

*Because I had her a few minutes past 8 and by the time I came back down to the ward it was about 10 o'clock and they only left my partner half feed her and then threw him out. So he had to put her back into the cot and the nurse put her down at the end of the bed and I was after the epidural. So she started crying and I rang the bell to see could they bring her round to me because I couldn't move. And the nurse came down and she said "will you get up and do something" and I said "I can't, I'm just back from the labour ward, I'm after having an epidural. I was just wondering if you could bring her up to me" because she was crying to feed her. And she said "well she was obviously a mistake" and took her out of the ward and wouldn't bring her back to me. They kept her up in the nurse's side and they wouldn't bring her back to me until the following morning... Yes and she [maternity] goes "no, she was obviously a mistake" and brought her off and said no more. My father was fuming because by the time I woke the following day that nurse had been off, she was night-duty and I had no name and if my father had known who she was he would have went a lot further about it then. Do you know, I was only young at the time, I was only 16*

Participant 13

Similarly participant 25 echoes this sense of a culture of disdain albeit acknowledging their experience of this service was predominantly one of being helped and supported; she recounts an encounter with the service that reveals a sense of being treated differently.

*I only had one midwife with me and then there's another midwife in with her...As I was pushing her out another midwife came in, she had been helping with another woman. She came in and she started giving out to me and all. She said someone else is in labour, but I'm in labour too like.... Because I was in labour and I was in so much pain. I was shouting but it wasn't really loud, it was low and I couldn't deal with it because she came in screaming at me and I was like, I can't deal with that. I was just so upset like". When I was having the baby, stop the shouting and all and there was someone else in labour and all that. I turned around, even though I didn't have time to say something and I said I'm in labour too. She goes someone else is in labour too; you have to stop the shouting. The other person was shouting*

*and I wasn't allowed like.*

Participant 25

This participant in their account of this experience reveals a sense of being treated differently because of 'being young' and of feeling a sense of injustice in not being treated fairly.

*I was young and the other person was in their 40s. She [midwife] was like, she was young I can say something to her; I can't say something to the other parent like. She was just shouting at me all the time, I was like, it's not fair.*

Participant 25

While there is no justification for the treatment these participants received from the service, it perhaps reveals rather starkly the sinister impact societal norms had on participant 13 with her child being labelled 'a mistake' and the participant themselves being denied their rights as a parent and a service user to care, help and support. It also reveals a sense of the service personnel working within the parameters of 'normalcy' in labelling the participants child as a mistake and in denying the participant the right to be with their child. It reveals practices that are extremely questionable given that this service personnel's professional role is to provide a person-centred service and it is the participant's right to receive this type of service.

Similarly, participant 25's experience echoes this sense of being treated differently and again with disdain because of what they perceive as a distinction between how 'older' and 'younger' service users are treated by the service. She also eloquently articulates a sense of wanting to be treated as an equal by the services with no distinctions being made.

*For teenage parents I think that they should get the exact same treatment as equals as everyone else like. It shouldn't be different for young people, just because they are young and pregnant. They have the exact same amount of stress and need the same type of help.*

Participant 25

### **7.2.8 Summary**

This subtheme 'being treated differently by services' makes known the sense of how participants' perceptions of 'normalcy' has impacted on their perception of

treatment by universal child and family healthcare services. This perception left participants with a sense that ‘being young’ and ‘being different’ impacted predominantly negatively on how they are treated revealing a sense of unfairness and of being marginalised as service users.

Albeit, it must be acknowledged that in some instances participants reveal a sense of being valued and supported as service users. However, this subtheme predominantly reveals how the notion of ‘normalcy’ impacted on the personnel providing the services. Service personnel’s actions and attitudes exposed in this theme reveal what could be viewed as a lack of understanding of the participants’ capabilities, capacities and need with regards to future directionality. From this perspective this theme makes known the participants’ care structure (see chapter 3.5.8) in ‘being toward the future’ in wanting the support, help, care and advice of personnel to achieve their possibilities as parents.

However, of more concern this subtheme reveals how the notion of ‘normalcy’ resulted in what can only be described as a culture of disdain toward participants as service users. This culture reflected an inability to see the participants as equal citizens who have a right to a fair, equitable and just service. Heidegger’s structure of “fallenness” is perhaps echoed in this culture of disdain in the loss of selfhood that ensues from unquestioningly conforming to societal norms and values (see chapter 3.5.6). In the context of this subtheme it is argued that the loss of the participants’ selfhood as service users was due to the imposition of some service personnel’s views of them as ‘being young’ and ‘being different’. Furthermore it is argued that the personnel imposing these views unquestioningly delivered a service without acknowledging the individual rights or needs of the participants as service users. Perhaps what is lacking is the recognition of the participants sense of ‘being toward the future’ with regards to their aspiration to be competent parents, who are concerned for their child’s and their own health, welfare and future. In concluding this summary of ‘being treated differently by services’ Participant 13 explains how this acknowledgement of individual selfhood should be enacted.

*Just to be treated like an adult is treated, treated like a human  
being having a baby. And just not people judging by looking at*

*you, just to be treated fairly, you're any other person having a baby. It's just a difference in age and they don't know what your circumstances are, what your life is like. Do you know it could be what some people want, if that's what they want they should be entitled to it, it wouldn't be everyone's choice. Don't get me wrong it wouldn't have been my choice but now the way I see it, it's turned out for the best and I wouldn't change it in a million years. I just think to be treated fairly is the main thing.*

Participant 13

### **7.2.9 Being in the World of the Teenage Parent: Concluding Summary**

This theme reveals the participants' existence as teenage parents in their world. It presents an existence that is influenced by the notion of 'normalcy' reflecting both the participants sense of self and broader society's sense of the participants with regards to being a teenage parent. The sense of self and broader societal views illuminated a sense of being viewed by others as predominantly 'being young' to be a parent. It suggests a sense of not feeling accepted because of the confines of broader societal views of what is 'normal' with regards to when one becomes a parent. This sense of being viewed by others as not conforming to the broader societal norms was also reveals a sense of 'being different' when compared to what participants and others in their world described as the 'normal' parent. The notion of the 'normal' parent was portrayed as older, established, mature, being viewed of as ready or prepared for parenthood. Participants in comparing themselves to this notion of 'normal' suggest their sense of directionality in wanting to be valued as future parents. They show a sense of striving toward being viewed as valued, respected and competent parents despite the adversity of existing in a world 'with others' whom they felt disapproved of them as parents because of 'being young'.

The notion of 'normalcy' also reveals how broader societal views and norms impacted predominantly negatively on the participants experiences as universal child and family health service users. It suggests 'being treated differently by services' because participants did not fit the notion of 'normalcy' set by broader societal views. This different treatment predominantly portrays a lack of recognition of participants wanting to be viewed and valued as parents and indeed as service users. This manifested in a sense of being marginalized and

indeed devalued because of 'being young' and being viewed as 'different'. What could be argued with regards to 'being in the world of the teenage parent' is the need to acknowledge participants sense of 'being toward the future'.

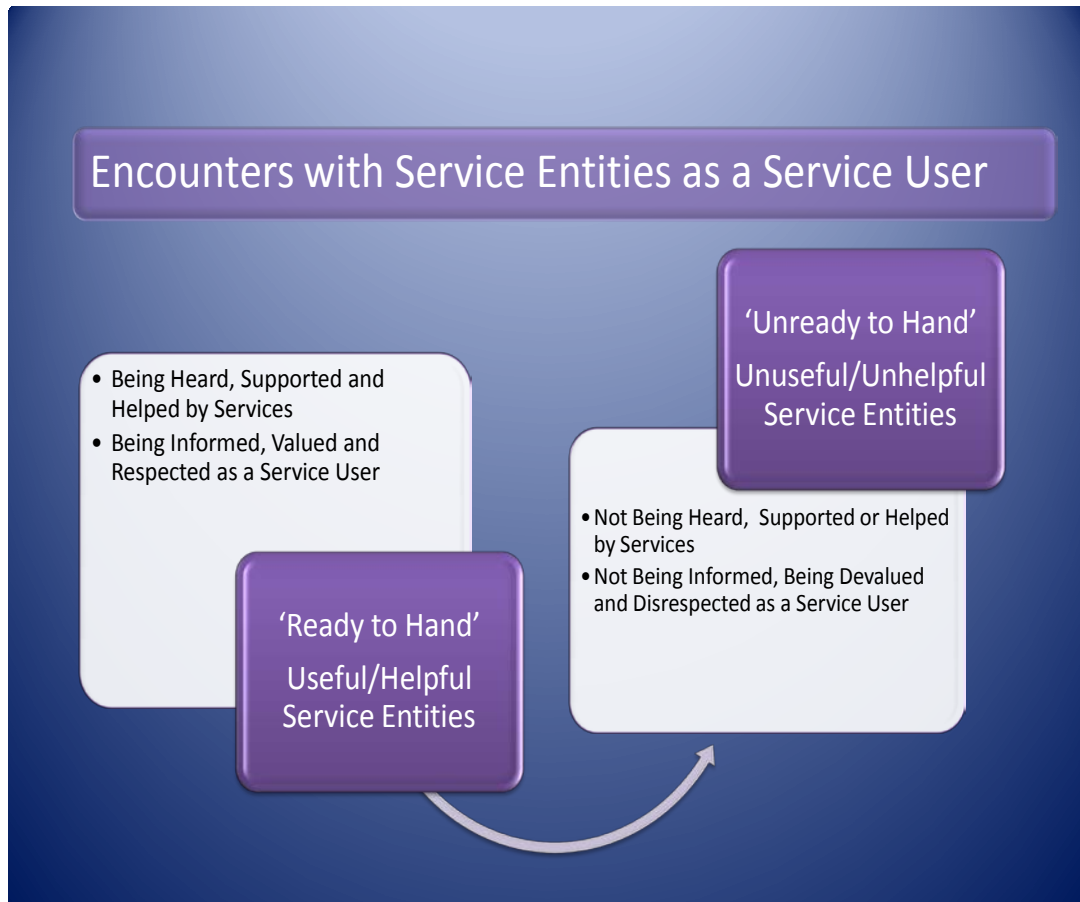
The sense of participants 'being toward their future' demonstrates the participants' directionality in wanting for both themselves and their child a better future. The sense of striving to become a competent parent, to complete their educational goals and of ensuring their child's future needs encapsulate the goals, aims and ambitions of the participants in striving toward this possible future. It challenges the notion of 'normalcy' reflecting broader societal views of these young parents revealing their sense of wanting to achieve a better future for both themselves and their child and of wanting to be valued and respected by others in their world with whom they exist. Thus, this theme 'being in the world of the teenage parent' reveals a world of participants striving toward recognition as parents while existing in a world with others who frame their sense of these parents as young and 'different'.

While this theme shows participants' sense of being treated differently as a service user because of 'being young' the subsequent theme further illuminates participants 'encounters with service entities' as service users. The sense of 'being treated differently by services' is closely linked to the participants 'encounters with service entities' that are 'unuseful /unready to hand'. Conversely the sense of 'encounters with service entities' that service users perceive as 'useful/ready to hand' are closely linked to the participants accounts of 'being supported and helped' the final theme presented in this findings chapter.



### 7.3 Encounters with Service Entities as Service Users

Figure 7.3 Thematic Representation-Encounters with Service Entities as a Service User



This theme from a Heideggerian stance reflects his structure of 'encounters with entities in the world'. Heidegger presents the person's [*Dasein*] encounters with entities in their world as entities that they deem 'useful things' [ready to hand] which have a specific purpose for their concernful activity (see chapter 4.5.6-Heidegger, 1927/2011, p. 79). Conversely, Heidegger presents the concept of 'unuseful things', [unready to hand] entities which does not fulfil its purpose for the person. This in turn reveals the person's [*Dasein*'s] activity with regards to the reason or "for the sake of which" they are interacting with the entity in their world revealing their goals, ambitions, focus and possibilities in viewing the entity as either 'useful/ready to hand' or 'unuseful/unready to hand'. Thus, it reveals through the circumspective concern of the person [*Dasein*] what purpose the person wanted or needed from the entity. Within this theme these encounters are presented as service entities that were viewed as either useful [ready to hand] or unuseful [unready to hand] service entities with regards to the needs and purpose of the

participants using the services. Within the context of this theme 'encounters with service entities as a service user' the participants' encounters with universal child and family health services as service users is made known. These encounters are presented as service entities that were viewed as either useful [ready to hand] or unuseful [unready to hand] service entities with regards to the needs and purpose of the participants using the services.

In portraying services as useful [ready to hand] participants expose their care structure linked with what they want and value as service users. This is represented within this theme as a service that for participants offered support and help, heard and listened participants, provided relevant information and a sense of respect for participants as parents and service users. Thus within the subtheme 'being provided with a service that is useful [ready to hand]' the participants' accounts is presented with regards to their views and experiences of receiving a service that valued them as service users. This sense of value is recounted through 'being heard, supported and helped by services' and 'being informed, valued and respected as a service user'.

Conversely, the subtheme 'being provided with a service that is unuseful [unready to hand]' reveals predominantly a service that did not meet the needs of participants as service users. This subtheme is presented with regards to participants' views and experiences of 'not being heard, supported or helped by services' and 'not being informed, being devalued and disrespected as a service user'. This subtheme is closely interlinked to the previous theme 'being in the world of the teenage parent'. It exposes a sense of 'being treated differently by services' because of 'being young'.

### **7.3.1 Being Provided with a Service that is Useful [Ready to Hand]**

This subtheme reveals the participants' sense of receiving a service that for them met their needs and fulfilled their purpose of using the services as teenage parent service users. It portrays a sense of what participants want and value from the universal child and family health services. This subtheme is presented with regards to participants' views and experiences of 'being heard, supported and helped by

services' and 'being informed, valued and respected as a service user'.

### **7.3.2 Being Heard, Supported and Helped by Services**

Participants suggest a sense of wanting to be heard, listened to, helped and supported by services. In particular they reveal a sense of valuing the service that listened to their concerns and acted upon these concerns. As a consequence of feeling they were being heard participants reveal a sense of feeling the service supported and helped them as service users. They suggest a sense of valuing service personnel who had a caring, compassionate attitude toward them and who provided a sense of reassurance to them as service users with regards to their concerns and needs. They also explain a sense of valuing the service that did not distinguish them as 'being young' and provided the same service to them as teenage parents as was provided to other service users. Finally, in this subtheme, participants put forward what their notion of the 'ideal' service for teenage parents and their children is.

In revealing their sense of the 'ideal' service for teenage parents participants exposed aspects of the current services that could be deemed 'present at hand' entities, that is an entity that currently in the world of the participant has no particular purpose but that perhaps could potentially become an entity that is 'ready to hand' or 'useful' for the persons' purpose (Heidegger, 1927/2011). Arguably, from this stance the sense of the 'ideal' service exposed in this subtheme highlights aspects of the current service that could be improved, changed or adapted to meet the purpose and needs of the participants as service users. Interwoven throughout the subsequent participant quotes is the sense of participants valuing service personnel who displayed the characteristics of being good, caring, lovely, brilliant, gentle, friendly and helpful. This sense of the service being provided by service personnel who had a caring, compassionate attitude toward them appears to strongly impact on their views of the service as being 'ready to hand' or useful to them as service users. Participant 10 shows a sense of valuing this service because the service personnel appeared to listen to and act on their concern. She also portrays a sense of valuing the reassurance offered by the service personnel and describes the PHN as 'good' and seeming as if 'she cared'.

*Yeah, I thought she [PHN] was good. If I ever texted her to say that I was worried about the baby she always comes down to the house, you know and things like that. It just seemed that she [PHN] cared or something. You know if something is wrong and she kind of reassures me then if everything is fine and if there wasn't like before if he was a bit funny and she'd tell me to go to the doctor.*

Participant 10

Participant 25 also valued personnel who were helpful, good and nice.

*They [maternity] were very helpful. I don't know they were just nice to me. Well the midwives that I had were just brilliant, very good and very nice to us.*

Participant 25

Participant 11 spoke of the value they placed in being heard and of feeling that the service supported, helped and reassured her when she needed it. This participant reveals a sense of valuing the caring attitude of the service personnel that is clearly evident in her account.

*maybe she was like that with everyone because there was nothing special about me. But I was delighted that I had her [Midwife] and I didn't have one of those nurses that just says "you can do it, you can do it just go on and work away there". Yes, she was and when I wanted to get up and go for a walk, she walked me down the corridor and she walked me back up and she said "don't worry now" and she was lovely. Her personality was brilliant.*

Participant 11

This participant also reveals a sense of valuing the GP service because of the service provided to their child

*I found the GP... there's one particular doctor I love, his name is doctor A, he's brilliant. Doctor A is absolutely brilliant; he'd do everything for the baby. He understands, he'll sit down and he'll listen to you...*

Participant 11

Similarly, this participant articulated valuing the PHN service because of her needs being heard and acted upon and being provided with help as required.

*She's [phn] all right. I think she's okay, she was lovely, she helped me because I hadn't a clue. I never ever had babies or even minded one and she helped me, she was like "you have to do this" and she showed me. I actually asked her how to wash him.... I asked her and she showed me and helped me and she is actually nice...*

Participant 11

Participant 13 again echoes a sense of valuing the sense of reassurance provided by the maternity service personnel she felt were comforting, helpful and “just there for you”. This is in direct contrast to the account given by this participant in the subtheme ‘being treated differently by services’ that revealed a sense of disdain by this service toward this participant.

*The lovely nurses [Maternity services] were really comforting and they were helping me and saying “oh, it’s okay” and “squeeze my hand” when you’re getting contractions, they were just there for you.*

Participant 13

This participant also reveals a sense of valuing service personnel who again have a caring, compassionate attitude.

*She [phn] was just very good with the baby and giving her injections and the heel-prick and she was just very gentle with her and comforting her, do you know and I just found her great... she was very nice and she was nice to me, just asking how I was and just made sure that everything was okay and that if I needed her, to give her a ring ... just gentle with the baby really and just good with us...Yes. She just didn’t go in, do what she had to do and go. She just made sure we were all right, how I was keeping, how I was managing.*

Participant 13

Echoing the earlier subthemes of ‘being young’ and ‘being different’ highlighted in the theme ‘being in the world of the teenage parent’ participants articulated a sense of valuing the service that did not treat either themselves or their children differently because of ‘being young’. Participants 23, 24 and 1 describe their sense of valuing the service that did not distinguish them as ‘being young’.

*She [PHN] was just, I don’t know, a very nice woman. She didn’t make you feel bad as a young mother or anything. She didn’t compare me to an older person. I don’t know. She was complimenting me on how the baby was putting on weight and stuff like that.*

Participant 23

*Yes, the GP was fine. I didn’t feel, because I was underage... she didn’t make me feel uncomfortable or anything like that.*

Participant 24

*And the public health nurse came out to me anyway, so that was good. Yeah, they were really, really friendly and really helpful. They weren’t like... you’re only 17. They were really friendly.*

### Participant 1

Participant 20 also exposes a sense of valuing no distinctions being made by the service in describing what they feel would be their notion of an ‘ideal’ service for teenage parents. This participant highlights the value they place on services that is welcoming and does not distinguish them as a young teenage parent.

*I'd want a more friendly kind of thing for teenagers. Someone who welcomes you in and doesn't care if you're a teenager or anything. It's all normal.*

### Participant 20

‘With regards to participants’ sense of the ‘ideal’ service for teenage parents they reveal a sense of valuing a service that is supportive. They also describe a service that had personnel who both understood and were interested in their needs as teenage parents, and of having a service that is specifically designated solely for teenage parents. In putting forward the ‘ideal’ service the participants also reveal the less than ideal service they perceive is available to them currently acknowledging a perceived sense of being looked down on and of indeed feeling different. This sense of difference is closely interlinked with the previous subtheme ‘being different’ and ‘being treated differently by services’ evident in the theme ‘being in the world of the teenage parent’. Debatably, the sense of the ‘ideal’ service exposed in this subtheme reveals service aspects as ‘present at hand’ rather than ‘ready to hand’ entities (see chapter 4.5.6). It reveals aspects of the current service that could be improved, changed or adapted to meet the purpose and needs of the participants as teenage parent service users. Participants 16 and 3 in revealing their sense of the ideal service include; being listened to and supported by healthcare personnel.

*I would want a service that is kind, caring and supportive, if a girl comes in and she's upset because she's after finding out she's pregnant and the secretary is like, listen no-one can talk to you now for 5 minutes, that secretary needs to say “listen, do you want a cup of tea? Do you want to sit down?” Do you know and talk to them.*

### Participant 16

*Yeah, just someone that is helpful. Just someone, knowing that if you had a problem you could go to them and they could help you with it.*

### Participant 3

Participants also reveal a sense of wanting service personnel who understand their needs and who do not make any form of distinction towards them as service users. Participant 17, 11, 27 and 16 articulate a sense of wanting personnel who do not “look down” on them, who will listen to and help them with their individual needs as required.

*A lot better staff anyway, a lot better staff. I'd say younger staff, people who've been through this before who probably had a child and who can understand what they're going through and really help them and really feed the young parents information of what they need to get and how to get prepared for the child. I believe in the centres around here, they're not like that, they're not at all. They just look down upon us and don't tell us nothing. Don't tell us what to do and how to get this and that. Basically just pop us in and send us on our way.*

Participant 17 [Dad]

Participant 11 also reveal wanting their psychological and mental wellbeing to be addressed in the form of counselling support acknowledging this broader determinant of health extending beyond their physical and social needs.

*I would want the best nurses, not even the best nurses but actually the ones that have time for teenage people, that ones that don't look down upon them [teenage parents]... I'd want a lot for them because teenage people still want their lives. Even if you had one of those councillors to help get you through it and I would want someone there to help them, to talk to them and say “listen, I know it's hard and everything but” to help them.*

Participant 11

Participant 27 while wanting a service where she is “not looked down upon” also speaks of wanting a service that facilitates her need to freely ask questions, and get advice in a trusting environment. She also reveals wanting a service that is available for her as long as needed or required.

*Well, a teen clinic where you can feel comfortable, feel you can talk freely and that you are not looked down upon. I would have liked to have people that I knew and trusted that I could contact to ask questions and get advice from. You know even the silly questions and I would have liked to have had a person like that for advice long after I had my baby.*

Participant 27

Participant 16 echoes the views of the earlier participants in wanting a service that does not look down on them and which offers her the support she requires to cope with becoming and being a parent. She also wants a service that is provided across the trajectory of the transition to parenthood which would encompass the broader determinants of health including psychological and mental wellbeing.

*Basically, I would want a centre where teenage parents feel like they can go in when they find out they are pregnant, during their pregnancy and with their child after it. And for people that are going to be working there that aren't going to be looking down and all, giving them looks you know, being ignorant and helping them to basically cope with people outside... cope with the health nurse, cope with the GP and then kind of develop more mature, you know.... So I just think a centre, so people can come in when they're pregnant and you know offer services like counselling.*

Participant 16

While participant 16 above reveals a sense of wanting a segregated service, this was also suggested more explicitly by others. Participants make known a sense of wanting a service that is segregated or separate from the mainstream service which would provide them an opportunity to have their unique individual needs as teenage service users met. Participant 1, 12 and 22 describe wanting a service that is segregated particularly from other service users. Participant 1 suggests that a segregated service would make her and other teenage parents feel that she “fit in” and of knowing “there’s other people in the same situation” echoing the notion of feeling different highlighted in the previous theme’ being in the world of the teenage parent’.

*I suppose you could set up a different room for teenage parents or they'd go in at different times or something like that. I mean, it wasn't the biggest deal but it would be nice. And they already have a meeting for teen parents so I suppose that's kind of making people feel like they can fit in, like there's other people in the same situation.*

Participant 1

Participant 12 also expresses a desire for a segregated service again suggesting that this would provide teenage parents with a sense of knowing “...that you’re not by yourself...” exposing their sense of wanting to belong and of difference with regards to availing of the current universal child and family services.

*A clinic just for teenage parents with babies. Not just a load of other people there...Because to know that you're not by yourself...*



## Participant 12

While, participant 22 also puts forward the needs for a segregated service with personnel who as part of a team structure “specifically deal with teenage pregnancies”. She also explains some of the unique needs of teenage service users acknowledging that “they do need more information” and of the need for a “support network” particularly for those who may not have the support of a partner, family or friends.

*First of all within the hospital I'd make, not a unit but a kind of a team that would specifically deal with teenage pregnancies. I'd completely split them away from ante-natal care for adults and make a separate one. They do need more information. I'd also employ more nurses to deal with younger children or, not children but young adults who don't actually know what's going on. I'm not saying they are stupid it's just they get more scared. I was terrified. I didn't have anyone come with me, that's another thing, I didn't have my parents, I didn't have my mother with me. I was by myself on an operating table with 4 people I didn't know around me, saying it's okay they're just going to cut you open now, you know...I'd definitely have someone with you the whole time, staying there the whole time... that there is a support network there for that person because if you're just left it's so scary.*

## Participant 22

Participant 15 describes wanting a diverse service from both statutory and non-statutory services that acknowledge the broader determinants of health as well as information with regards financial entitlements and peer support.

*Community meetings once a month, with leaflets and people coming in, speaking and telling you what services is there for you and how you can go about things. Letting you know your entitlements and all that.... I think maybe once a month or once every second or third month that there'd be a community thing for teen mothers. A mix and match of people, the teen parents programme and the health services, you could even get in some teenage mothers to tell their side of their stories and how their life is gone and everything like that.*

## Participant 15

Participant 7 as a father describes wanting a support service specifically for fathers to network with other young fathers in similar circumstances.

*I'd want something for the Dads to get together. A place for them to share their feelings, where they can talk about worries about it*  
Participant 7

### **7.3.3 Summary**

This subtheme ‘being provided with a service that is useful [ready to hand]’ has thus far revealed the participants sense of receiving a service that for them met their needs as teenage parent service users with regards to ‘being heard, supported and helped by services’. The sense of being helped and supported makes known participants’ emphasis on service personnel’s attitude toward them impacting on how participants viewed the service as fulfilling their needs and purpose in using the services. This echoes Heidegger’s structure of ‘encounters with entities in the world’ (see chapter 3.5.4) that in this instance highlights the importance for participants to receive a service from personnel who exhibit a caring compassionate attitude toward them. In receiving this type of service participants expose their perceptions of services being shaped by staff attitudes and actions.

Closely interlinked to participant’s sense of service personnel’s attitude toward them as service users was their perception of what was a helpful, supportive service for them. The sense of a helpful, supportive service was described as one that listened to, heard, acknowledged and acted upon the needs of participants. This again reflects Heidegger’s structure of ‘encounters with entities in the world’ (Heidegger, 1927/2011) with regards to the reason or purpose the participants are interacting with the service entity. In the context of this subtheme participants put forward their need of wanting to be listened to and heard in order for both their child’s and their own needs/concerns to be acknowledged and addressed by the relevant service. When participants felt they were heard and listened to they describe a sense of viewing the service as a useful/ready to hand entity.

Finally this subtheme highlights the participants’ sense of the ‘ideal’ service for teenage parent service users. This consideration of the ‘ideal’ service echoes Heidegger’s notion of ‘encounters with entities in the world’ as ‘present at hand’, that is entities that are not necessarily useful now but through the circumspective concern of the person, the entity has the possibility to become useful/ready to hand

(Heidegger, 1927/2011). Thus, the participants' accounts of the 'ideal' describe a service that they view would be useful to them as service users. This 'ideal' service portrays a sense of wanting to be heard, listened to and supported. It is also interlinked closely with the participants sense of 'being young' and 'being different' exposing the value participants place on receiving a service that does not discriminate against them in any way, a service that would treat them the same as other service users. It also reveals exposes participants' desire for service personnel who both know and understand their needs as teenage service users. It exposes the emphasis participants place on receiving services from personnel who are prepared to work with young teenage parents in an unbiased, fair and equitable manner. Finally, the notion of the 'ideal' service makes known participants desire for a service segregated from other service users that specifically address their unique needs of support, help, information, advice. This segregated service participants highlights also needs to acknowledge their broader needs such as counselling services and financial supports.

The subsequent subtheme 'being informed, valued and respected as a service user' is closely linked to the aforementioned subtheme 'being heard, supported and helped by services'. Where participants reveal a sense of being heard and listened to they also highlight a perceived sense of being supported and helped. The sense of being supported and helped is a strong link between the aforementioned and subsequent subtheme. Where participants felt they were supported and helped, they also felt they were valued and respected as service users.

#### **7.3.4 Being Informed, Valued and Respected as a Service User**

Participants reveal within this subtheme of 'being provided with a service that is useful [ready to hand]' a sense of wanting to be informed, valued and respected as a service user. This is closely interlinked to participants' sense of wanting to be heard, listened to, supported and helped by services as presented in the previous subtheme.

With regards to being informed participants explain their sense of valuing being informed about the present and also possible future needs of both themselves and

their children. This sense of wanting to be informed and understand how the service can provide for them and their child's present and future needs is linked with the earlier subtheme 'being toward the future'. This subtheme made known participants future directionality and links with the value participants place in being informed with regards to present and future needs.

This sense of both 'being informed' with regards to participants' future directionality was particularly evident with regards to availing of the immunisation service and being informed of subsequent vaccination schedules. The participants spoke of valuing a sense of being informed about this service and of knowing the process. Participant 1, 3, 13, 18 and 20 describe the value they place on 'being informed' and indeed of 'being helped' to understand and make an informed choice with regards to availing of this service.

*They were perfect really good really [GP]. I'd get sent a text, when there was one due, about a week before it was due or something like that. Then I knew just book an appointment [Imms service]. Well I'd get sent a text, when there was one due, about a week before it was due or something like that. Then I would just book an appointment.*

Participant 1

*they [GP clinic] talked you through the options that were there. Yeah, she [Practice nurse] did it... every time I went in she showed me the bottle and everything that was wrote on it and what it was for and what it was. The 3-in-1 and 6-in-1 and just went through everything with me and when to come back for her next ones. She made sure I knew what she was getting. I've made appointments there again but then we had the orange record book so it [Imms service] was in that anyway but I'd make my appointments there and then after.*

Participant 13

*I got a letter saying on the calendar when they [Imms service] were going to be and then after each injection they [GP] were giving me another date so I already knew when it was going to be. Yes, they [GP- Imms service] explained to me before they injected the baby*

Participant 18

*That [Imms service] was fine as well because it was done by my doctor as well. They gave me the date of all the needles and stuff so I just went in. Yes, they [GP Imms service] would send me out the letter saying what date it was and what time. Well I'd kind of ask what they [Imms service] were for anyway but you kind of*

*knew because you'd get the orange book, so it says on that anyway*  
Participant 3

*I think it was the public health nurse who told me about them [Imms service] first and you had to go down and get them done if you wanted. I also got this form given out to me and it said how old the baby should be when they get certain injections. And then the doctor would tell me "you can come back in when she's 6 weeks old.*

Participant 20

These quotes suggest a sense of 'being informed' with regards to making an informed choice as to whether the participants choose or not to avail of this service. However, some participants spoke of a sense of not being fully informed with regards to making an informed choice or indeed fully understanding the immunisation service. Participant 10 exposes a sense of not knowing that they had a choice with regards to availing of the immunisation service.

*The nurse [PHN] told me all about that [Imms service]; she came to my house and told me that I'd have to get the injections. She [PHN] said he'd be immune to all those kind of diseases, you know.*

Participant 10

While participants 11 and 14 expose being partially informed by the service and partially informed by others.

*My mother told me. She said he'll be due, she has 7 kids. First they wrote it on the book, the very first injection that he was due. The public health nurse wrote it on the orange book. They wrote it on that, the first one and then they never wrote it on the second one. So my mother told me he's due an injection when he's 3 months, and he's due an injection now and it was just like that. I thought they were just going to send me out an appointment or something.*

Participant 11

*I only got a reminder [Imms Service] for his 12 month injections; I didn't for the other ones. But I had my neighbour next door who has 2 kids and she was really helpful. She told me what to do but if I didn't have her I wouldn't have known and would have forgotten about it. Because my doctor didn't ring me or anything until the 12 month but he had to get it late because he was on an anti-biotic. The first one, I think it was 2 months or something, I didn't know about but my neighbours asked me did I get it done.*

Participant 14

Predominantly participants describe a sense of 'being informed' with regards to the immunisation service structure and processes as well as valuing being helped to make an informed choice. With regards to 'being informed' to facilitate informed choice participants revealed a sense of valuing being provided with the advice and support to make their choice. Participant 8 describes their sense of valuing not only the service personnel's attitude toward themselves and their child but also of informing them with regards to their choices.

*The girl [PHN] that came to the house she was lovely. You know telling me what contraception-wise what were my choices, just checking, she was nice, my baby was supposed to have a click in the hip and she was checking all that. She was really nice*

Participant 8

Participant 8 and 13 also highlight a sense of valuing the support of their GP service in informing them with regards to their options/choices.

*He [GP] told me my 3 options that I did have. You know keeping the baby, adoption or abortion.*

Participant 8

*they [GP] talked you through the options that were there for you.*

Participant 13

Thus far, this subtheme has revealed a sense of participants as service users valuing 'being informed' about services and indeed 'being informed' in order to make an informed choice. While the provision of relevant information about choices and services are an important issue for participants, so too is the need for services to be informed about them and their needs as service users. Participant 9 suggests a sense of valuing services that knew them as individuals. In particular this participant describes a sense of valuing the service that she felt knew her personally.

*I find my own GP very good because my mother had all of us going to her.... she's very good.*

Participant 9

Participant 10 also reveals this sense of valuing 'being known' with regards to her GP service.

*I thought he [GP] was really good. He had... all my family go to him and my mother was with him when she was pregnant with me so he kind of knows the history. I don't know, he [GP] just kept an eye on me and he made loads of check-ups on my blood*

*pressure and things like that. He was asking me everything really, how I was and things like that. He [GP] knew me and he knew my family and my past, things like that.*

Participant 10

Participant 20 echoes this sense of valuing ‘being known’ and of being treated without distinction in a fair and equitable manner as a service user.

*Oh he’s [GP] fine. I was always with him anyway. When I was 5 I went to a different doctor but then we switched when I was... Yes. He’s fine. He just treated me the same. Didn’t go like “oh my God you’re pregnant”, that kind of thing... He [GP] treated you normal.*

Participant 20

While, participant 4 also describes a sense of valuing ‘being known’ as a service user and of receiving a fast efficient service that is responsive to their needs as a parent.

*They’re [GP] very nice. They’d always take me in, if I needed an appointment fast... if he was sick or I thought there was something wrong with him I’d ask them and they’d check him.... I knew my doctor very well before I had him and he’s my fathers’ doctor.*

Participant 4

This sense was also echoed by others, participants 3, 1 and 8 expose their sense of valuing an efficient service that organized and effectively managed their present and future needs as service users.

*Even the way my doctors were... my doctors were very supportive and they’d help you out with anything when you needed it*

Participant 3

*Yeah... I mean as soon as I went to the doctor, she organised everything for me to go to the hospital and for the pregnancy... and there’s nothing else I really needed.*

Participant 1

*I didn’t know I was pregnant for about 4 months and I went to see him [GP] and he got me an appointment for an ultrasound straight away instead of waiting for one from the hospital.*

Participant 8

Participants also revealed a sense of valuing being treated fairly and equitably by the service as a service user. Participants 3, 12, 13 and 14 reveal a sense of feeling supported without recrimination by the service. Participants also highlight the value they place on being treated fairly and equitably by the services. Participant 12 spoke

of valuing being supported as a service user especially in coping with initially discovering being pregnant and in dealing with the reaction of her parent to this information. She describes a sense of the GP supporting her in this context relieving her sense of pressure and stress.

*No, well the one thing he [GP] never gave me was grief about being pregnant because when I actually went into him about being pregnant he was okay....Because I went in with my mother and she was pure moody about it but he only started laughing then. He took the pressure off a little bit*

Participant 12

Participant's 13, 14 and 3 also highlight a sense of being valued as service users without recrimination.

*they [GP] were very nice and helpful and they gave their support and didn't look down on me. They treated me like I was an adult.*

Participant 13

*He's [GP] young and he's really nice.... He's [GP] never judged or anything, he's never looked down his nose at me.*

Participant 14

*With the GP my experiences were grand because my doctors were really nice. They were really supportive of it, you know, they'll help you out as much as they can. I was fine with the GP.*

Participant 3

The sense of 'being known', of receiving a fair, unbiased, equitable service from personnel who displayed a caring compassionate attitude toward them, exposes participant 24's sense of valuing these qualities with regards to being a maternity service user.

*The community midwives are kind to you, they make you feel comfortable, you don't feel like you are being judged. They know you and you can talk to them about anything that is bothering you. ..I had the midwives that I knew and they came in for the first few days. I found that just great, they knew me and I felt comfortable.*

Participant 24

This sense of valuing being informed, advised and provided with information on choice/options is also echoed by participants 27 and 22 who describe their sense of the service they would have liked to have received.

*Well for me I wanted to be able to ask any question I wanted, even the stupid questions and not feel that I was stupid for asking them. I was just terrified, I wanted to know how bad the pain would be,*



*what were my choices and this sounds silly now but I wanted to know would I put on a lot of weight and how soon would I get my shape back. Now that sounds crazy but that sort of stuff is important to teenagers, well at least to me and I would say some of my friends who had baby's when they were young*

Participant 27

Participant 22 also describes valuing continuity of care provision in wanting to have had the opportunity to build a sense of rapport with the service personnel. These participants expose through wanting this rapport with service personnel their need to feel comfortable seeking information and discussing their needs/concerns with personnel.

*I went in at 9 O'clock on a Thursday. By 5 O'clock the next day I had had 4 different nurses and I didn't know any of them. I didn't know who they were. If I had the same nurse who kept looking after me the whole time I would have built a rapport with her. She would have had the time to sit down and talk, I think that's really important. The time to sit down, to explain things to you, not in a dumb way but in a straight-forward way. This is what's going on; this is what's going to happen. Do you have any questions? Not, "this is what's going to happen to you, goodbye.*

Participant 22

While participant 24 echoes the sense of valuing being informed through explanation and advice that she felt was important in making her feel supported.

*Ah she [PHN] was very nice she was, she explained everything to me, how to treat the baby and all, and myself how to look after myself. She explained a lot of things.*

Participant 24

### **7.3.5 Summary**

This subtheme 'being informed, valued and respected as a service user' makes known what participants want from services with regards to availing of a service that they view as a useful [ready to hand ] entity. .Being heard and listened to by services invoked in participants a clear sense of being supported and helped. This subtheme reveals a strong sense of correlation between participants' perceptions of helpful, supportive services and of feeling valued and respected as service users. As such, 'being supported and helped' by services puts forward what participant's value and want as teenage parent service users with this subtheme. For participants an important aspect of receiving a supportive, helpful service also encompasses

being fully informed in order to make an informed choice, to fully know the service structure and process and to enhance their capacity re addressing future health needs.

This subtheme also highlights a sense of participants valuing services that were informed about them as service users. The experience of 'being known' by the service shows a sense of security and feeling amongst those participants that they are being supported by services whom they felt knew them, their history and their needs. Closely linking with the previous subtheme of 'being heard, supported and helped by services' this theme also portrays a sense of valuing a service that they could use without recrimination, distinction or bias. Thus, this subtheme shows a sense of valuing the services that respected and valued them as service users in providing to them a fair, equitable and just service.

In conclusion, Heidegger's structure of 'encounters with entities in the world' (Heidegger, 1927/2011) as 'ready to hand' useful entities make known in the context of this subtheme participants sense of valuing a service that informs them, that provides the opportunity to make an informed choice and that is also informed about them as service users. These types of services made the participants feel valued and respected as service users. Being valued and respected also reveals the participants' purpose of using a service that provides them with information they need, with a service that is fair, equitable and unbiased in supporting and helping them. Conversely, the subsequent subtheme 'being provided with a service that is unuseful [unready to hand]' reveals services that did not meet participants' needs or purpose, revealing service entities that from a Heideggerian stance is an 'unready to hand', unuseful entity (see chapter 3.5.4).

### **7.3.6 Being Provided with a Service that is Unuseful [Unready to Hand]**

This subtheme 'being provided with a service that is unuseful [unready to hand]' exposes predominantly a service that did not meet the needs or purpose of participants in engaging with the service as users. It reveals a sense of participants perceiving that they are not being heard by services. The sense of not being heard links closely to the participants' perceived sense of being viewed as young and

lacking the capacity to know and understand. This subtheme is very closely interlinked to the participants' sense of 'being treated differently by services' presented in the earlier theme 'being in the world of the teenage parent'. The sense of not being heard appears to have a negative impact on the participants' sense of being supported and helped by the services.

Linking closely with the perception of not being supported and helped by the services, the perception of not being provided with appropriate information when required exposes participants' sense of not having their rights acknowledged with regards to informed choice. The sense of informational needs not being met expose for participants their sense of being disrespected and devalued as service users. This sense of being devalued and disrespected was also revealed with regards to how participants felt themselves and their significant others were spoken to, treated, advised, supported and helped during interaction with service personnel.

'Being provided with a service that is unuseful [unready to hand] makes known the purpose participants have in engaging with services. This purpose is exposed as wanting their concerns listened to and heard, wanting to be appropriately supported and helped and wanting to be valued and respected. However, in the context of this subtheme this purpose was not fulfilled.

### **7.3.7 Not Being Heard, Supported and Helped by Services**

This subtheme makes known participants' experiences of predominantly not being listened to or heard as service users. It reveals a sense of not being heard because of 'being young' and is closely interlinked to the participants sense of 'being treated differently by services. In feeling that as service users their voice was not heard participants disclose not feeling supported or helped by services in addressing their concerns. Participant 14 highlights her urgent need to be listened to and heard while giving birth. She also demonstrates in her account a lack of acknowledgement of her capacity to know her own body.

*Yes. And when I was in labour as well they [maternity services] weren't listening to me. I was telling them I have to push and they weren't listening to me. They had to apologise at the end. I told them I had to push and they said "you're being a bit dramatic" and then they realised I wasn't being dramatic*

*but they apologised at the end. I found the maternity was the worst part of it.*

Participant 14

Participant 20 echoes the sense of not being listened to or heard and of being viewed as lacking the capacity to know and understand what was happening.

*Well actually there was one nurse [maternity], and all the rest of them were fine and everything, they were doing their job, treated me like a normal person. There was one woman and I was having the contractions and she said “ah you won’t have your baby until tomorrow morning” and she goes “this is your first time; you don’t know what it’s like”. I was there thinking, “this is really bad I think it is coming soon”. Then after an hour she goes, “okay I eat my words you’re actually having your baby now” and then she eventually brought me down.*

Participant 20

Participants 15 and 11 also highlight not being listened to or heard with regards to their concern about their children. Participant 15 exposes a sense of knowing her child was unwell and of not being heard or valued as to their view or opinion as a parent.

*doctors need to look into more than... you know like when you bring your child to the doctors and your child has a chesty cough and a blocked nose and whatever. Because he suffers with the chest and the doctors put the thingy [stethoscope] to it and they say, “your child’s chest is clear” but when you are at home you know your child is coughing up phlegm, you know it’s not okay. I think they need to take it more into account what you are saying... Yeah, they [GP] need to realise because I’ve often seen my son and he’d be up until 3 or 4 in the morning choking.*

Participant 15

Participant 11 reveals their concern for their child not being acted upon exposing a sense of not being heard. She also highlights a strong sense of being viewed as lacking cognitive capacity to understand or know.

*And the same doctor [doctor B], my son has very bad bowels, and when I go into him, I say it to him and he doesn’t do anything about it. Nothing, the first time I said it to him he didn’t even answer me because I was in there because he had a rash and he said “I’ll just leave it off until the next time, maybe it’ll sort itself out”. I think [doctor B] thinks that I’m a child and I don’t really understand and he thinks that I’m maybe over-protective over the child and maybe going to the doctor over every little thing.*

Participant 11

Participant 16 echoes this sense of not being heard making known a perceived

sense of not being believed by the service personnel with regards to their concern about the child's health.

*I'd bring the child to the doctor and he'd say "no, no he's fine" and the child would end up in the regional a week later. Then the regional were saying to me "oh you're rushing your child" and they wouldn't believe me that I had him at the GP a week before.*

Participant 16

The sense of not being viewed as a concerned capable parent was also highlighted by participant 17 exposing their feeling of not being supported by the service in addressing their concern and need for help.

*Well I'll never forget one thing that a nurse said to me one day. She says to me "it's ridiculous, you're in here every day of the week with the child in hospital". I said "listen, I'm a worried mother, the child is sick like". And basically she told me that I couldn't look after my child. And she said listen, "the child has been in here, this is like 26 times" but like he's a chronic asthmatic you know and he's had problems with his breathing. He had bronchiolitis and everything. So like, your one then was saying that to me and I was like "What", you know what I mean? She tried to tell us that we're not giving the child his inhaler that we're not doing the medication right like, which we are like. He gets it in the morning time and he gets it at night before he goes to bed.*

Participant 17

Participant's 19 and 3 expose being questioned as to whether they were indeed looking after their child correctly

*He was nearly 3 months premature so I have to see them [PHN] very regularly for his weight. They are at me about his weight sometimes but I try to give him as many bottles as I can and they're like "he's not getting very big". And I would say "I noticed that myself and that's why I came into ask you was that normal" and they'd say "yeah but are you feeding him at all?" No, I'm not feeding him, like no.*

Participant 19

*I was out there for ages and then some doctor ended up coming into me; he was foreign and he ended up turning around saying, "oh are you doing a good enough job as a parent?" But I knew he only said that because of the fact that he seen that I was young and I didn't like that either. Well first of all if you look at me you know I'm not old enough anyway. It was just a pure hint at me anyway; "are you doing a good enough job". And I nearly walked out of there crying, I was with my boyfriend who came with*

*me and I nearly came out of it crying because he [doctor] went for it that hard and said “are you doing a good enough job”. So I don’t know...*

Participant 3

Participants’ feelings of not being helped or supported also expose their perception of services being affected by personnel’s attitude and treatment of them. Participant 18 highlights a sense of being treated rough because she feels the service personnel’s religious belief impacted on how she was treated.

*When I was in maternity for my check-ups the Irish nurses, they were really good with me but there was one accident, she wasn’t an Irish nurse, she was a midwife and she was really rough with me, she wasn’t nice with me she wasn’t Irish and she was I think, Muslim religion. That’s why she took me kind of the worst way because for them it’s not okay to be a teenage parent but she shouldn’t bring her personal thoughts to life. She treated me really rough in the examination and I had some problems after that...*

Participant 18

Participant 14 echoes this sense of service personnel’s attitude impacting on her sense of being supported and helped. She reveals a sense of some service personnel not being friendly toward her in comparison to others.

*I found the girl [PHN] that told me he was underweight and stuff, she was kind of... I don’t know if she was a cold person or not but she didn’t seem very friendly or that was just the way she was towards me. And the other women then, they were really friendly and really helpful and gave me their numbers if I had questions or anything.*

Participant 14

Participant 27 highlights not valuing service personnel whom she views as not valuing her because she is young. This participants’ sense of being viewed as young illuminates the impact societal view of ‘normal parenthood’ had on this participant’s experience as a service user. In this participant’s context it exposes not being adequately supported and helped by the service personnel due to their perception of their client being outside of their perceived ideal of normal parent.

*Well, I don’t like him because when I went to him when I was first pregnant he just looked down on me. Saying things like ‘you are too young’. You see he is old and he is from another era where you only got pregnant if you were 30 or something and you were married.*

Participant 27

Participants also revealed needing to be helped and of wanting services to put in place support and help to address their needs. Participant 14 sadly describes losing their own mother at a young age and of needing ongoing help and support. This participant describes her circumstances as being unsupported and alone at home. In her account below she reveals not being provided with the support and help she needs, especially in the context of living alone. This participants' account exposes the clear need to consider the individuals context with regards to providing ongoing support both in the acute and primary healthcare settings for teenage parents living alone

*because my mother died when I was 12 and the baby's father has never been involved. So maybe a bit of extra help for... you know because I didn't have my mother or anything when I was at home alone with the baby and the baby's father wasn't there and it was really hard just to get up and walk around and stuff. Just to do things with the baby. Some of my friends had babies as well and they had help from their mothers and their mothers were able to help them. Or even people that don't get help from their mothers.*

Participant 14

Participant 3 echoes the culture of disdain made known in the subtheme 'being treated differently by services'. She describes requesting help but being treated in a disdainful manner with regards to her request.

*Then after I had the child, I had a section and I was in agony after. I asked the nurse, the first night I had him could she [midwife] just take him out, cos they gave me so much ,they gave me so much stuff that I actually couldn't stay awake in bed, I kept falling asleep. And she was like, oh no I'm doing something, get up and do it yourself and I couldn't get up out of the bed. And the woman who was beside me actually asked would she take care of him for the night for me. But even for some kind of person to have to come in to say 'look will I do it for you' because I asked someone for help and they wouldn't*

Participant 3

Similarly, participant 22 highlights seeking the assistance of services and exposes a sense of being dismissed with regards to their individual concerns because of being a young parent. This participant describes service personnel's attitude toward them as uncaring.

*Well, first of all she [Maternity] was very kind of, snappy with me. She was like "how are you?" and I said I haven't been feeling very well, I feel very sick and she said "well that's probably just*

*down to your pregnancy". And I was like, okay, obviously it's down to my pregnancy it wouldn't be because of anything else. And I had some trouble with bleeding during my pregnancy and I went in and they just dismissed me and said it was nothing, just that lady. But I went to my actual GP and she said I should go back and see someone else and I did. They did tests on me then but I just kind of saw that she didn't really care because I was a young parent. Now it might have been something else but that is what I think.*

Participant 22

### **7.3.8 Summary**

This subtheme makes evident participants' prevailing sense of not being listened to or heard as service users. Participants' experience of not being heard also exposes their perceptions of how service personnel viewed them as young parents. This exposes participants' perception of being viewed of as lacking capacity and competence to be parents. This subtheme also makes evident a lack of awareness of participants' biography or life circumstances by service personnel. It exposes a sense of judgment by personnel being placed on participants because they are young parents.

Heidegger argues that in order to effectively listen and hear understanding must be present (see chapter 4.5.7). In the context of this subtheme, not being heard has exposed participants' experiences of not being understood and of consequently their needs not being met. This subtheme reflects aspects of Heidegger's care structure, these being; care, concern and solicitude (see chapter 4.5.14). Participants expose their personal sense of care in wanting their needs to be addressed by services. However, in the context of this subtheme their concerns were not fully addressed because their viewpoint was neither heard nor listened to. This theme exposes a lack of understanding of participants as persons, exposing their sense of being viewed of as young and lacking capacity to know and understand their needs.

Not being heard also highlights the type of relationship of care present between participants and personnel providing unuseful (unready to hand) services. Participants' circumspection exposes their expressed needs not being met by these types of services. These experiences negatively impact on the relationship of care exposing participants' views of services as unhelpful, unsupportive and unuseful to



their purpose. It also exposes participants' views of personnel as uncaring and in some instances unkind. Not being helped and supported resonates with Heidegger's construct of 'solicitude' which he posits is the manner in which encounters with others is undertaken. He argues these encounters can be in a mode of either 'considerateness' or 'inconsiderateness' (see chapter 4.5.7). In the context of this subtheme it is argued the participants' encounters with service personnel expose practices of inconsiderateness in not listening to, hearing, supporting or helping these young parents as service users. This subtheme is closely interlinked to the subsequent subtheme 'not being informed, devalued and disrespected as a service user'. This subsequent subtheme reveals the participants' encounters with service entities that were not useful for their purpose in seeking the advice, help and support of services.

### **7.3.9 Not Being Informed, Devalued and Disrespected as a Service User**

This subtheme makes known a sense of not being informed, valued or respected as a service user. Participants' experiences of seeking and needing information is made evident as not being met, revealing their viewpoint of not feeling valued or respected by services. Their sense of being devalued and disrespected is revealed with regards to the participants' sense of how significant others in their lives were treated by services. This reveals a sense of segregation of participants' partners with regards to opportunities to be involved with and informed by services. This sense of both themselves and their partners being devalued and disrespected is made evident by participants' accounts of how they felt they were spoken to, treated, advised, supported and helped by services. Finally, this subtheme unveils a sense of what participants want as service users revealing the converse of their experiences within this subtheme in that they want to be informed, valued and respected as service users. Participants make known wanting to be informed in order to know and understand the service processes and treatment they were receiving. From this stance they reveal their purposive directionality in understanding fully their choice or options with regards to the care they are receiving from services. Participant 14 highlights her viewpoint of not knowing, of wanting to know and of not being informed. She reveals feeling disregarded as to her right to be informed and understand the treatment she was receiving,

*They [maternity services] never told me about if I had to be induced what would happen and the procedure of it until I was in there and I didn't have a clue what was going on or anything...*

Participant 14

Participant 22 echoes the sense of not being included in decisions linked with the care she received recounting her perception of feeling “out of the loop”, revealing feeling disregarded as to her right as a service user to information about her care.

*When I was in the hospital [Maternity Services] then it just seemed like nobody was telling me anything and I just felt like really out of the loop*

Participant 22

Participant 27 also highlights not being informed and of being ‘terrified’ because of this lack of information. This participant also exposes their expressed need in wanting to be fully informed and in wanting to be advised with regards to their options in the treatment they were to receive.

*I was terrified of really not knowing what was coming, I could have done with someone to advise me what will happen, what my options were, you know all that sort of stuff. Well that's what I think anyway*

Participant 27

Participant 11 recounts their harrowing experience of imagining their baby was going to be taken from them because of the services involving a social worker in their care. She describes trying to seek information and of not understanding the rationale in being allocated a social worker. Consequently because of not being fully informed, she describes her terror and fear in thinking she would lose her baby because she was a young parent.

*I was 17 when I got pregnant and they wanted social workers and they got social workers involved. I know I was young but I was almost 18, it was a month before I turned 18 when I went to maternity. And I was like "I don't need one, I'm nearly 18" and they were like "you do need one because you're still too young." I just felt like, oh god you're getting... they didn't explain to me that it was just a social worker to ask me whatever. I thought they were taking my baby off me. They never explained that, I thought they were actually going to take my baby off me because I was so young. No, they just said that "I'll be getting a social worker involved with you" and I asked why. And they said "oh it's just normal reasons" or something like that. But I wanted to know was it because they were taking my baby off me. I really thought*

*they were going to take him off me, over being so young and it's my first baby and I don't know much about maternity or anything or babies and I thought they were going taking him off me...*

Participant 11

Not being fully informed also exposes participants' experiences of not receiving the care they should and of not understanding the full implications of the treatment they had been provided with. Participant 22 describes not receiving follow on postnatal care following a caesarean section because of not being informed and of not fully understanding the process of their follow on post natal care.

*No one told me to go back. And if they did I don't remember them ever saying it to me and it probably wasn't mentioned again. It was never said to me. Indeed the public health nurse never said it to me. She never said go to your GP.*

Participant 22

Participant 23 reveals not knowing the condition their child was treated for. This lack of information could have had potentially dangerous outcomes in that this participant as a parent did not know their child had a serious life threatening condition.

*When my little lad was a week and a half old, he had a temperature and I was sent to [Hospital], and they were like, "what were you sent in here for? You shouldn't have been sent in here" They told me that he could have a kidney infection and then I was sent straight to the Children's Hospital. When I went they started grabbing him off me, they ran in and put him on the incub thing [incubator] I was in there for 4 or 5 days. I was never told exactly, I was just told he had an infection or something. Then a few months ago I was at the doctors and I just asked them, I don't know why I asked them, I just asked them and on the records it was that he had meningitis but I was never told that when he was in the hospital.*

Participant 23

The sense of not being informed is also highlighted by participants with regards to their partners' involvement with services. They describe a sense of segregation with regards to opportunity for their partners to be informed and involved with their care during interaction with services. Participant 13 and 6 describe their partners being excluded from the care they receive highlighting their partners were not informed and were segregated from their partners.

*I just didn't like that, just that they're [partner] not informed of anything and they just don't have a clue what's going on. Do you know if even they just left the partners in. Because obviously I hadn't a clue what to expect. It's the fact that they don't, I know now it's probably their thing, but they don't leave the partners in. But what I feel is you're there going through the whole thing, going to have the baby and they're [partner] left outside, they haven't a clue what's going on inside, they're left out. The nurses won't inform them about anything.*

Participant 13

*Like when I'd go in [maternity unit name] I'd have to go in and they take my blood pressure and my partner would have to wait outside. You know like that, and they're involved as well, it's not just the mother who is going through it. It's the father as well.*

Participant 6

Participant 22 echoes this sense of segregation exposing a lack of acknowledgement of their partner as a service user.

*and then when my partner did come in with me she [Maternity] never even spoke to him, she never even said anything to him*

Participant 22

Participant 20 describes their partner as wanting involvement and of their exclusion by personnel from having this opportunity.

*And then my boyfriend, when he was coming with me because he was there and he wanted to be involved with everything and he came in and she said "oh no you go back"*

Participant 20

Participant 7 [dad] articulates the sense of segregation felt from the fathers perspective exposing a feeling of invisibility linked with how he perceived service personnel viewed him.

*I wasn't really included; they [maternity services] were always talking to [partner]. I wasn't really there really, well like I was there but to them [maternity] I wasn't really there.*

Participant 7 [Dad]

This exclusionary practice diminished this participants' opportunity to be involved with their partners' care. It placed him in the category of observer, marginalized to the periphery of the care process as a service user. Participants also highlighted within this subtheme their views with regards to not being valued and respected as parents. Participant 13 initially describes their excitement in having their first

antenatal scan. She subsequently describes her disappointment because of the hostile attitude shown toward both themselves and their partner at this “*special time*” .She describes her disappointment as a feeling of being put down.

*There was one person in there when I was getting the scan to find out what I was having, she was very snotty about it. She was like... ”well I think it’s a girl but I don’t know, I’m not inside there, I can’t see”. You know, and it was kind of a special time for me and my partner to find out and she just came across so rude and it really just disappointed us. ... because it was excitement for us and then when she [ Maternity Services ] just came out with that it kind of really put us down about it.*

Participant 13

Participant 25 describes feeling that their treatment was different from others, that their voice was not heard, resulting in their sense of being disregarded and indeed disrespected by services.

*They [Maternity services] weren’t great. When I asked them to come to me, they’d say “I’ll be with you in a second”. None of them ever came to me; I’d have to chase after them. They’d go to everyone else and they kept skipping me. I was in a shared room with 6 women like. And I’d say “there’s something wrong with me” and they’d say “we’ll be with you in a second”. And they just kept skipping me and kept forgetting me. And I’d say “there’s something wrong with me like”. I wasn’t treated proper.*

Participant 25

Participant 17 echoes this sense of not being heard and of being disregarded, highlighting feelings of being disrespected and devalued because of being young.

*There are some of them [maternity services], some nurses are nice out there but some of them are very disrespectful to us over our age. Every time we ask them for this and that they just look at us and snob us away and basically hand us another nurse to deal with us, which I thought was very unfair.*

Participant 17

While participant 14 exposes their rights being imposed upon in not being facilitated to ring their significant other to support them during labour.

*they [maternity services] wouldn’t let me ring anyone when I went into labour because I was brought in and I was induced. I didn’t go into labour straight away. I went into labour at 4 O’clock in the morning and they wouldn’t let me ring anyone and then I ended up having a baby there on my own then.*

Participant 14

With regards to participants' sense of wanting to be respected and valued, they make known their requests of wanting to be advised but not told and of wanting their rights as a parent to make an informed choice to be recognised. Participants expose a strong sense of not valuing being told highlighting an autocratic rather than a collaborative sense of how services worked with them. They expose this autocratic relationship as one of being dictated to as opposed to being worked with collaboratively.

Participant 3, 4 and 12 highlight their perception of 'being told' as opposed to being advised about their child's care needs. They expose a sense of being disempowered as parents, of feeling that service personnel as opposed to themselves have the right to make decisions about their child's care. Participant 3 highlights her feeling of disempowerment describing the service personnel's manner of communication as being paternalistic. She describes having to assert herself as a parent to lay boundaries as to her parental role.

*It [PHN service] was grand but, she kind of went on as if it was her child. She'd kind of tell you what to do with your child as if it was her child. So, in my experience anyway if I was doing something, she'd say... "oh no, you can't do that, you can't do that," And she'd keep saying it. ....she'd say "oh no, you can't do that, you can't do that" and she'd go on as if it was hers. .... And then I eventually said, look he's my son and I'll do what I want .....so I didn't like the way she was going at all.*

Participant 3

Participant 4 echoes this sense of disempowerment linked with paternalistic practices. She reveals feeling disempowered as a parent by this type of overbearing intervention.

*I don't know really, they're [PHN service] nice like but they always have something to say bad, like if I went with him they'd say: "don't be giving him so much bottles" and all this. It's like they think that they are in the child's life or something. They tell you what to do with your child, they tell you: "Don't be giving him this food, and that food and all this". Like, it's my child and they tell me what to do with him.*

Participant 4

Participant 12 and 9 describe being told as opposed to being provided with information to make their informed choice with regards to their children's care.

*She's [PHN] always nagging you and telling you what to do and tell you what to feed the child*

Participant 12

*The other nurse [phn] kept telling me what to do so I couldn't make my own decisions; I had to do what she was saying.*

Participant 9

Participant 9 perhaps best articulates the sense of wanting to be facilitated to consider options as opposed to feeling they were 'being told'.

*I'd rather be told, why don't you just try it out rather than be told straight "give him fish and make sure he takes it", you know? That's the way she was talking to me the other day. And compared to the other nurse who told me to try and put him onto the jar food but she told me to put him off it and onto veg. if you feel it's okay.*

Participant 9

### **7.3.10 Summary**

This subtheme 'not being informed, devalued and disrespected as a service user' make known a dominant sense of participants being devalued and disrespected as service users. Not being informed, valued or respected has negatively impacted on participants views of being supported, helped and empowered as a service user. Heidegger's concept of encounters with 'unuseful things', [unready- to -hand] entities is echoed in this subtheme (see chapter 3.5.4). Participants in revealing their encounters of 'being provided with a service that is 'unuseful' [unready to hand] expose their purpose in engaging with services in wanting to be informed, valued and respected as service users.

The sense of not being informed, valued or respected as a service user is closely linked and intertwined to the subtheme 'not being heard, supported or helped by services'. The common denominator between the two subthemes highlights participants' overall experience of 'being provided with a service that is unuseful for their purpose. While their purpose in availing of services is to seek help and support through the provision of professional advice and information, in the context of this subtheme this purpose was not honoured. Participants' feelings of being devalued and disrespected expose not only a sense of disregard toward them but also toward their significant other. From the stance of being devalued and

disrespected this subtheme exposes disempowering processes and practices.

### **7.3.11 Encounters with Service Entities as Service Users- Concluding Summary**

Heidegger's structure of 'encounters with entities in the world' has been used to present this theme (see chapter 3.5.4). In presenting the participants sense of useful [ready to hand] or unuseful [unready to hand] service entities their activity with regards to the reason they are interacting with the service is made known. In exposing participants' sense of purpose services are exposed in either fulfilling or not fulfilling participants' purpose and needs.

With regards to service entities that were viewed as useful [ready to hand] what is made known is a predominant sense of being helped and supported because of being heard, listened to, informed, valued and respected as service users. The sense of receiving a service from personnel who displayed a caring, compassionate attitude and who listened to and acted on their concerns as service users is exposed as an important element in receiving a useful service. Receiving a service that did not distinguish participants' as 'being young' or as lacking capacity to be capable parents was strongly valued as a useful [ready to hand] service.

This theme also exposes participants' views of the ideal teenage parent healthcare service. This 'ideal' service resonates with aspects of current services participants label as useful. However, participants' accounts of the ideal service expose areas of service delivery that could be improved, changed or adapted to meet the purpose and needs of teenage parents as service users. The key tenets of the ideal teenage parent service firstly include listening to and hearing participants as service users. Offering different timeframes to attend; clinics, classes, support groups. Tailoring information to address the specific needs of teenage parents as service users. Providing a service that is delivered by personnel who understand their needs and who are willing to work with young teenage parents in an unbiased, fair and equitable manner. In revealing the 'ideal' service for teenage parent service users what is exposed is a prevailing sense of participants wanting to be specifically helped and supported as a unique type of service user.



Conversely, with regards to services that were viewed as unuseful [unready to hand] entities this theme makes known what was not valued by participants as service users. This theme exposes a predominant sense of not being supported or helped by services because of not being heard, listened to, informed, valued or respected as service users. While encounters with unuseful [unready to hand] service entities has made known what participants do not value or want from services, it also makes known what from services. This theme explicates participants care structure in wanting want a service that listens to, hears, informs, values and respects them as service users.

Thus, 'encounters with service entities as service users' has made known what participants value as service users. Participants value the receipt of an unbiased just service that does not distinguish against them or their significant others. They value being heard, listened to, fully informed and respected as service users. Whether or not services enact these types of practices appears to have influenced participants' perceptions as to whether the service is useful or unuseful for their purposes.

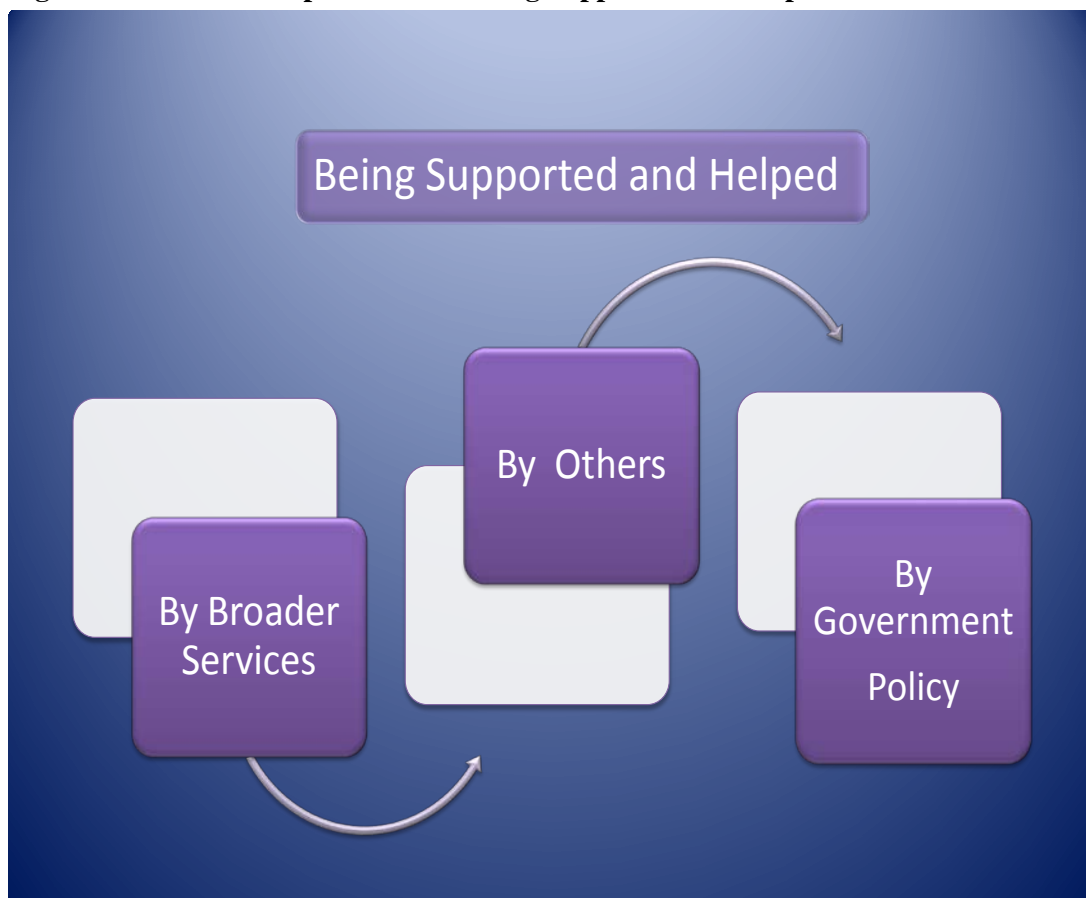
Thus far, this chapter has made known what 'being in the world of the teenage parent' means to participants. The findings expose a predominant sense of participants being viewed of as young and different by both themselves and by others in their world. These understandings appear to have impacted on participants' treatment as service users. 'Being treated differently by services' expose participants' different treatment because of their perceived status of being young and different in comparison to the societal notion of 'normalcy' linked with parenthood. This sense of difference is exposed particularly in participants' encounters with services that distinguish them as young and as lacking capacity to be parents. Participants' 'encounters with service entities as service users' expose their care structure or what they want from services. Participants make known their strong sense of valuing being supported and helped by services by being heard, listened to, informed, valued and respected as service users.

The previous two themes 'being in the world of the teenage parent' and 'encounters with service entities as service users' therefore reveal participants' explicit need to

be valued, respected, supported and helped effectively by services. In revealing this need participants illuminate their sense of purpose in engaging with services linked with their future directionality as parents. Thus, participants' overarching purpose in availing of child and family services is exposed as the value they place on receiving effective support to achieve their goals, aims and possibilities to be competent parents and to effectively care for both themselves and their child. The subsequent theme 'being supported and helped' is closely linked with the importance participants' place on being effectively helped and supported by child and family health services. This need extends to the broader world in which participants exist revealing their need for help and support from broader services, family, partners and friends.

## 7.4 Being Supported and Helped

**Figure 7.4 Thematic Representation-Being Supported and Helped**



This theme ‘being supported and helped’ reflects Heidegger’s structure of ‘encounters with entities in the world’ (see chapter 3.5.4). In the context of this theme ‘being supported and helped’ reveal participants’ purpose in ‘being toward the future’ eliciting the support of broader entities within their world to effectively be a parent and provide for their child. ‘Being supported and helped’ makes known how participants felt they were provided with help and support from a wider array of supports structures. These support structures are represented by the subthemes of ‘being supported and helped by others’, that is family and significant others in the participants’ world; ‘being supported and helped by broader services’ and ‘being supported and helped by governmental policy’ especially with regards to childcare and financial supports.

#### 7.4.1 Being Supported and Helped by Others

This subtheme makes known participants' views of 'being supported and helped by others' in their world. Participants expose the value they place on the support and help they receive from parents and significant others. Participants highlight an overwhelming sense of help and support from their mother especially in relation to first discovering their pregnancy and in facilitating their ongoing future plans. Participants 8 and 16 describe the support and help they received from their mother when first discovering their pregnancy. Albeit, while the quotes expose a sense of 'angst' in firstly discussing this with their parents, they also expose being supported and helped by parents during this challenging time in their life.

*Because you are under a load of stress, because you're pregnant, when I found out I was pregnant for a few weeks I was terrified to tell my mother, but you need your mum just to give you support and tell you that everything's going to be all right.*

Participant 8

*So when I told her I was pregnant she was like... what. Like I thought she was throwing me out. But no, she understood, she really did.*

Participant 16

Participant 27 highlights the strong sense of value she placed on the support and help she received from her mother in becoming a parent. She describes the importance of this support and help, in providing the option for them to continue their educational plans.

*when I had my baby other than my mum I would not know what to do for the baby, especially when they are really small .... Like, if it wasn't for my mum's help I would have given up school completely. Yeah, well all I can say is my mum is absolutely brilliant; she has been my support and help. But I know I'm lucky cos I know of teenagers who have gone through having a baby and all that stuff and have no support. If it wasn't for my mum I would have been lost, I'm just glad I'm three years down the road and I've had that kind of help and support*

Participant 27

Participants also describe their parents' role as advocates on their behalf especially in dealing with healthcare services. Several participants revealed a sense of not being listened to by services but of their parents' voice being heard. Participant 11 reveals

the challenge of being heard by services but of action being taken following their mothers intervention

*but when my mother rang up this morning they said “oh bring him down straight away.... she said “my daughter rang yesterday to make an appointment for Thursday but she wants to see a doctor now and I want him to see a doctor now” and they said “bring him down straight away.*

Participant 11

This participant also describes the trauma of thinking they were losing their baby because of being allocated a social worker and of their mother acting as advocate.

*It was and I went home and my mother was still on holidays and I was actually in bits for about 3 or 4 days after until my mother came back and rang and said they’re not taking the baby off you.*

Participant 11

While participant 16 reveals their mother acting as advocate speaking on their behalf to the service that they as a service user they were not happy to receive.

*And I went home and said it to my mother and just started roaring crying and said to my Mum that she [PHN] thinks that I can’t manage my child so my Mum rang her. . So she rang her and said basically I wasn’t happy with her and kind of just said a few words and told her that I was never going to see her again.*

Participant 16

Participant 13 also describes this sense of advocacy following their disdainful treatment revealed in the theme ‘being treated differently by services’. She describes a strong sense of advocacy by her father who is obviously angered by the treatment their child has received.

*and it was afterwards then when I had the baby and I was in the ward [maternity postnatal ward] after the baby and there was just drama like, my father nearly went in and killed them.*

Participant 13

While participant 16 reveals their sense of advocacy by their mother in seeking on behalf of their child information with regards to financial assistance

*and my mother had to ring for me because I didn’t have a clue even about how to get money. I didn’t know nothing.*

Participant 16

Beyond the sense of advocacy by parents on participants' behalf, this theme also makes known a strong sense of support and help by participants' parents with regards to addressing the broader determinants of health that influenced their wellbeing. Participants revealed a sense of being supported and helped with regards to the practicalities of caring for their child and in understanding key services such as for example developmental assessments and immunisation services. Participant 11 describes the support received from their mother with regards to advice and information on their child's immunisation.

*My mother told me. She said he'll be due, she has 7 kids. First they wrote it on the book, the very first injection that he was due. ... So my mother told me he's due an injection when he's 3 months, and he's due an injection now and it was just like that. I thought they were just going to send me out an appointment or something but...*

Participant 11

While, participants 2, 3 and 21 reveal the value they place on the support and help they received from their mothers with regards to the practicalities of caring for their children

*And my own mother is a nurse and she knew when I was supposed to get checks, she is a midwife too, so she was really helpful.*

Participant 2

*I was living at home with my mother who had six kids so she knew what she was doing.*

Participant 3

Participant 2 also highlights the financial support their mother provides in supporting costs for crèche facilities in order for this participant to continue their education.

*because I'm having a problem this year with paying for a crèche .... so my Mum has saved, but for other people who mightn't have their mum, the crèche is a big thing because it's so expensive.*

Participant 2

While participant 21 makes evident valuing the practical support and help and financial assistance they receive from both their mother and their sibling.

*I'm living at home and I find it awful hard to find my own place and I still haven't found my own place. My child is 6 weeks now and although I'm in no rush to leave home because I'm at home with my mother and I get loads of help, you know she helps me. She buys stuff for my child and money and all that kind of stuff.*

*It's grand, I'm not in a rush but I'd say it's awful hard for people who don't have the help of their parents and sisters because when I was pregnant I was only on €100 but my mother and sister just helped me collect stuff for my child and everything but I feel sorry for people who don't have that help. I don't know how they manage.*

Participant 21

Participants also highlight valuing the involvement of their significant other or partner in providing support and help to them. Participants 13 and 20 describe valuing their partners' involvement. However, as already revealed in the subtheme 'not being informed, devalued and disrespected as a service user' they describe the opportunity for their partners to be involved in the context of dealing with healthcare services as limiting.

*but at least leave in the partner, because the partner is there for your support.... there isn't many fellas that want to stick by and the few that are, do you know they [partners] should be involved.*

Participant 13

*And then my boyfriend, when he was coming with me because he was there and he wanted to be involved with everything and he came in and she said "oh no you go back"*

Participant 20

Participant 19 also highlight their sense of feeling supported by their partner. She describes their partners' supportive actions dealing with an aspect of their child's care that she would rather not deal with.

*I wouldn't be a big fan, his father brings him for them [immunisations], I can't look.*

Participant 19

While participant 6 reveals a sense of her partner supporting and helping by clearly understanding and eliciting the correct information with regards to making up their child's feeds.

*She [PHN] told my partner how to make bottles and it was basically like every time she needs it but then he read the book in front of her, now this is the book she was giving us, and the book says make them at night, keep them at the back of the fridge but don't keep them for more than 24 hours..*

Participant 6

#### **7.4.2 Summary**

This subtheme has made known the sense of value participants place in 'being with' significant others in their world that provide to them support and help. This

subtheme in particular exposes the important role participants' parents have in their lives acting as advocate, support, help and in particular educator with regards to the practicalities of caring for their child. For participants who had partners what is made known is participants' strong sense of valuing their support and help in particular when dealing with services and also in the daily task of caring for their child. The sense of value participants place on the support and help from family and significant others in their world is closely interlinked to the subsequent subtheme 'being supported and helped by broader services'. Participants make known the value they place on non statutory services that also advocate, advice and provide educational support to them as teenage parents.

#### **7.4.3 Being Supported and Helped by Broader Services**

Within this subtheme participants reveal a strong sense of valuing the support and help they receive from broader services. It must be noted that in the context of this subtheme the participants were predominantly involved with two key broader services, these being; the Teen Parents Support Programme [TPSP] and Dun Laoghaire Community Training Centre [DLCTC]. Thus, their accounts of support and help reflect predominantly their experiences of 'being with' these services. Participants highlight the value they place on the advocacy role these services provide to them in supporting and helping them to negotiate with other organisations and services. Participant 11, 9 and 2 describe the positive benefits of receiving support and help from TPSP services who advocate on their behalf.

*People like "C" and "D" are brilliant [TPSP], they can help you get into the crèches and they can help you do a lot...*

Participant 11

*Because [name] being the head of the programme up here. All she had to do was show her card and everything was done. When me and my mother went up the week before we couldn't get nothing, she was very cranky and everything. The second [name] went up and showed her card all I had to do was put in my birth-cert and everything was done. ...but when you go up there [CWO] with someone like [name] then it's different.*

Participant 9

Participant 2 reveals their sense of feeling intimidated when initially trying to navigate the difficult and complex landscape of negotiating their welfare rights. She



describes valuing the input of TPSP in providing this support, help and advice to them.

*The community welfare officers [CWO], am, they're fine, but I've had a really hard job of it; it's scary a bit sometimes having to go in to them and especially if you don't know what your rights are. I mean I have found the teen parenting programme has been amazing. I mean I wouldn't have had a clue what to do or not know who to ask for anything. I feel because they [CWO] are so busy that you can't go in and ask them questions because I just felt, I got the impression I was just hassling them if I was asking questions .....It is hard especially when you don't know what you are doing, you need to ask somebody.... But, it is quite intimidating though when you don't know what you are doing.*

Participant 2

She also describes the support of this service in establishing them in a FAS programme

*...the teen parents programme set me up with the FAS course*

Participant 2

Participant 27 echoes the sense of value they place on the support and help they receive from the DLCTC service in pursuing their educational goals

*Like I'm doing this course here [DCLTC].... I really think you need an education and some type of qualification if you want to make a life for you and your baby.*

Participant 27

Participants also acknowledge the value they place on broader services within their community. Participant 4 reveals the help they receive from their local chemist.

*Like in the chemist, they're very helpful, especially if you needed advice for the baby, you know.*

Participant 4

Participants also reveal their sense of the 'ideal' with regards to what they would value in being supported and helped. Participants 3, 27, 5 and 8 describe valuing the provision of help and support in the form of advisors, mentors and buddies as well as support groups.

*If you actually had something that you could go and just sit down and just know about everything and actually get everything explained to you, maybe that would be better, because as a teenager you don't know what's up ahead of you....Yeah, just someone that is helpful. Just someone, knowing that if you had a*

*problem you could go to them and they could help you with it*

Participant 3

*I would have liked to have had a person like that for advice long after I had my baby. Don't laugh but she is 3 now and I still would like at times to have a buddy to ask advice of, so that's my take on how long I'd need help, maybe until she is 21, ha ,ha, ha.*

Participant 27

*Well I think there should be a support group for them [teenage parents], do you know.*

Participant 5

*I think actually that there should be a special counsellor that's trained to deal with teenage persons that get pregnant, someone to talk to like, as long as you needed them like if you needed them like they were there.*

Participant 8

#### **7.4.4 Summary**

In this subtheme participants make known the value they place on support and help from broader services. These supports reflect the valuable support and help they received from services such as the Teen Parents Support Programme [TPSP] and Dun Laoghaire Community Training Centre [DLCTC]. This subtheme also expose participants sense of their 'ideal' with regards to receiving support and help describing their notion of being supported and helped through the provision of advisors, mentors and buddies as well as support groups. The subsequent subtheme continues a focus on help and support exposing issues pertaining to governmental policy.

#### **7.4.5 Being Supported and Helped by Governmental Policy**

This final subtheme makes known the participants need for support linked with governmental policy issues linked with childcare costs, financial support and health care provision. Participants expose the value they place on the availability of support and help linked with having access to the healthcare system through the provision of a medical card and a universal child and family healthcare service. Participants 2 and 14 describe their sense of value in having the use of a medical card particularly in accessing affordable healthcare services.

*I've the medical card because if I didn't have it, I wouldn't have been able to afford to. Because you know, when they pick up so many infections and things when they are small, I just wouldn't have been able to afford it. Including [medical centre], I had to go there over Christmas with her and I wouldn't have been able to afford it if I didn't have the medical card.*

Participant 2

*I value the medical card because if I hadn't the medical card when he was sick and stuff I'd be either not eating for the week or not going to the doctor.*

Participant 14

Participant 2 also reveals their sense of valuing the availability of healthcare provision for themselves and their child.

*As regards health, it's been great in that I think what is good is that no matter who you are, we are lucky in this country that we have free mother and baby services once you are pregnant because I didn't have a medical card when I fell pregnant I don't think I would have been able to afford to afford checkups and everything, so that is good.*

Participant 2

Conversely, participants expose a sense of not feeling supported or helped by governmental policy particularly linked with cutbacks that negatively impact on them financially. Participant 24 describes not being supported or helped due to the effects governmental cutbacks has on them even though they possess a medical card. She describes having additional financial burden with regards to prescription charges and cuts to her child benefit. She describes just surviving or being barely supported following these cutbacks.

*them medical card things and all. Do you know the way you have the 1.50 charge and all. You know the monthly money? It was 140 and they took a tenor off, remember.... Do you know the way you get your prescription and you go into the chemist and you are charged triple now from what it was, 1.50. ... cos they hit us twice so they have, the children's allowance so I think they should just leave them off now because it's dear having a child you know. That money comes in handy. Right now it just barely supports you. I need just an extra bit of money like or at least put it back the way it was. That's how I feel anyway.*

Participant 24

Participant 22 echoes the sense of not feeling supported or helped by governmental policy that involves cutbacks to what she views are vital services.

*I don't really like our health system at the moment simply because they take away the things that are most important. Like I mean,*

*everyone needs health so why would you cut it? I'm sure there's other sectors that could be cut like luxury. I strongly believe that the ministers are being paid for nothing because they're not doing anything. I may be a child but they're not ... they don't listen to people who are under the poverty bracket.*

Participant 22

Participants 24 and 22 above reveal their sense of struggle existing on limited financial means due to governmental cutbacks. This sense of struggle is also echoed in participants' 20, 2 and 21's accounts of trying to cope with the cost of childcare and the severe impact this cost has on their ability to support themselves and their child. These participants describe the burden childcare and accommodation cost has on their existence financially. In particular participant 2 exposes how this financial burden impinges on their future directionality linked with educational goals.

*more help towards child-care.... you'd be spending all of it on childcare...The child crèche is quite a lot so it will take up all that you are given.*

Participant 20

*I mean that [Crèche facility] is only 9-12 which isn't too bad.... but if she has to be in the afternoons I'll have to pay for that..... it's going to be so hard to go back [COLLEGE] and have to fork out for that. So that's a big thing, I'm thinking about it now even as I'll have to pay for all my costs. Especially as I live by myself and have to cover my own costs. Because the crèche is going to be about €150 a week*

Participant 2

*help them money-wise because that is what causes pressure when you're pregnant and then afterwards, I don't know, like help them sort out their own accommodation, childcare and all that kind of stuff.*

Participant 21

#### **7.4.6 Being Supported and Helped- Concluding Summary**

This final subtheme within this theme 'being supported and helped' reveals participants' need for support and help from governmental policy. This subtheme exposes their need to ensure their costs with regards to childcare and health care are addressed. This subtheme exposes the broader determinants of health that impact on participants' existence revealing hardship imposed by recent governmental cutbacks resulting in charges to prescriptions and reduction in child benefit payments. This subtheme makes known participants sense of purpose in wanting

to provide for their child with the support of governmental policy linked with childcare costs and child benefit support. This theme makes known the negative impact governmental policy linked with cutbacks has on participants' ability to financially support both themselves and their child.

## 7.5 Conclusion

The findings in this chapter represent phase two of Ricoeur's theory of interpretation (Ricoeur, 1976; 1981). Thus, the findings revealing the phenomenon of 'being a teenage parent service user' reveal the naïve understanding of the meaning of this phenomenon. The themes and subthemes identified from this stage of analysis are presented in this chapter as three key themes and respective subthemes, these being: 'Being in the world of the teenage parent', 'Encounters with service entities as a service user' and 'Being supported and helped'.

**Being in the world of the teenage parent** and its subthemes of being young, being different, being toward the future and being treated differently by services representing the teenage parents world predominantly exposes participants self perception and others perception of them both in society and in services. It exposes the impact social views and values of normal parenthood have on these parents placing them in the status of young and different.

**Encounter with service entities as a service user** exposed participants care structure linked with their purpose in availing of child and family healthcare services. Participants' labelling of services as ready to hand [useful/helpful] entities or unready to hand [unuseful/unhelpful] revealed what participants value and want from services as a teenage parent. This theme was thus presented as two key subthemes firstly 'Being provided with a service that is useful [ready to hand]' represented as 'being heard, supported and helped by services' and 'being informed, valued and respected as a service user'. Conversely, encounters with unuseful/unhelpful service entities was represented by the subtheme 'Being provided with a service that is unuseful [unready to hand]' represented as 'not being heard, supported or helped by services' and 'not being informed, being

devalued and disrespected as a service user'. In making distinctions between useful and unuseful services participants made known the value they place on receiving a fair, just and equitable service. The provision of this type of service they value receiving from personnel who want to work with teenage parents, understand their needs and do not distinguish them as young or different. Participants' depiction of the ideal service reveals the value they place on services that recognise their unique needs as young parents, offer a segregated service that facilitates their sense of belonging and place and provides continuity of care linked with opportunity for them to develop a sense of trust in knowing personnel.

**Being supported and helped** makes known participants' views and experiences of being helped and supported by the wider array of supports available to them within their world. This theme is represented by the subthemes of 'being supported and helped by broader services', 'being supported by others' and 'being supported and helped by governmental policy'. This theme exposes the value participants place on being helped and supported by family members and significant others. Participants' mothers in their role as advocate, educator and financial support features strongly in this theme. Participants' partners particular in the home context was highlighted as a valuable form of support and help. However, the partner's role in the context of the healthcare setting was exposed as being negated through exclusionary practices of service personnel.

The subsequent chapter presents the analysis of these phenomenological findings using Layder's (1997) Theory of Social Domains. The use of Layder's theory represents Ricouer's (1976, 1981) final stage of analysis focusing on reaching depth understanding of 'being a teenage parent service user'.

## **Chapter 8: Depth Understanding; Being a Teenage Parent and Service User in the Social World**

### **8.1 Introduction**

This chapter presents Ricoeur's final stage of analysis, revealing 'depth understanding' of the phenomena of 'being a teenage parent service user' (Ricoeur, 1976, 1981). Depth understanding according to Ricoeur represents the researcher's interpretations of their new understandings from the interpretation of what is known in the literature and what has been revealed in the study's findings (Ricoeur, 1976, 1981). Layder's (1997) Theory of Social Domains is used in this section of the study to explicate this 'depth understanding'. From this perspective critical realist principles are adopted, acknowledging the social world in which the participants exist and the broader social structures formulating part of this experience and existence (Bhaskar, 1979, 1989; Layder, 1997, 1998, 2004, 2006). The following sections now presents the exploration of 'being a teenage parent service user' and the exposition of 'depth understanding' of this existence. Layder's (1997) theory is used in this chapter to explicate the personal, interactional and contextual realm of these participants' existence. Psychobiography explicates the participants' personal and social sense of self. Situated activity explicates the interactional realm exposing the participants shared existence with others. Reflecting the focus of this study the participants' interaction with child and family healthcare services as a service user is explored in depth. The contextual realm is explored firstly through the explication of the participants' social settings; these settings include consideration of the child and family healthcare environment and also the participants' family setting. The contextual realm is secondly explored considering the participants' broader contextual resources that enabled or constrained their existence as teenage parents and service users.

### **8.2 Psychobiography - The Self as a Teenage Parent in the World**

In this section this study's phenomenological findings are discussed from the perspective of Layder's psycho biographical ideal of understanding the individual's development of self in both becoming and being a teenage parent (Layder, 1997, 2004). This starting point reflects participants' experience of 'thrownness' into their existence in both becoming and being a teenage parent (Heidegger, 1927/2011). The

aim is to reveal how the participants' personal sense of self was shaped by this changed social existence. The sense of self is addressed from the perspective of the psychology, emotionality and subjectivity of participants in order to explore their personal life experiences (Layder, 1997, 2004). The rationale behind utilisation of this particular theoretical stance is to reveal the possible explanations of participants' portrayal of their personal and social sense of self.

The sense of self was particularly evident in the theme "being in the world of the teenage parent". This theme made known the participants' sense of self in both 'becoming' and 'being' a teenage parent. It exposed a sense of changed personal self, shaped by their social existence of 'being with' others in their world as a teenage parent. This changed self included a personal sense of being young, being different and being viewed by others in their world as different. Mead (1934) offers a particular vantage point in exploring the participants' sense of self in this study acknowledging the capacity of the human being's reflexivity. From this perspective it is the capacity of the human being to turn back their experience upon themselves facilitating "*the whole social process to be thus brought into the experience of the individuals involved in it*" (Mead, 1934, p. 134).

Mead's (1934) distinction between the 'I' and the 'Me' (see chapter 4.3.2) offers a means of explicating the sense of self presented in this study. Layder's domain of psychobiography echo Mead's notion of the 'I' representing the creativity of participants to understand and develop their personal sense of self (Mead, 1934; Layder, 1997). The 'Me' within this study represents the relatedness of the participants to their social world and the influence this world had on both their personal and social sense of self. This dual focus on the self highlights an overlap and interrelatedness between the domains of psychobiography and situated activity. It reveals the participants sense of personal self shaped and moulded by their personal perceptions of their social identity in 'being with' others in their social world (Heidegger, 1927/2011; Layder, 1997, 2004).

Layder (2004) depicts the self as both a social and psychological entity that is neither exclusively social nor indeed psychological. However, he argues that there is a part of



the self that is unique or “*stands apart from the social world*”, it is the inner organisation of the self with its own unique modes of awareness (Layder, p. 7). Within this study’s findings participants revealed a sense of inner awareness that they were both ‘young’ and ‘different’. The participants articulated a sense of ‘being young’ expressed in their sense of being viewed by others in their world as too young to become or be a parent. This perceived sense of how they were viewed revealed their sense of being disapproved of, of being viewed of as irresponsible and a disgrace. Overall their perception exposed a sense of being judged by others as being too young to become a parent.

Their sense of ‘being young’ linked closely with their sense of ‘being different’. The sense of difference was expressed in comparing themselves to what they perceived as the ‘normal’ parent. For participants the ‘normal’ parent represented the older parent whom they viewed as more mature. This sense of comparison with older mature parents revealed what they felt was firstly an accepted norm in their world and secondly their sense of readiness for the parental role. Their perception of social norms and ‘normal parenthood’ within the lifespan contributed to their sense of ‘being young’. While participants described their readiness to become parents, they highlighted this readiness was challenged because of being viewed of as too young to become parents by others in their world.

In explaining their sense of being both young and different I argue how their unique set of experiences of becoming and being a teenage parent contributed to their personal and social sense of self. Thus, the initial explanation of participants’ sense of self is presented as an abrupt change in transitioning to their present existence as teenage parents.

### **8.2.1 An Abrupt Changed Self- From Teenager to Parent**

The participants’ sense of both becoming and being a teenage parent represents as Heidegger would refer to it, their temporal present ‘thrownness’ into their world in now existing as a teenage parent (Heidegger, 1927/2011). This ‘thrownness’ represents a changed sense of personal self in moving from the social identity of teenager/adolescent to that of teenage parent. While the self can be viewed as a

flexible entity that slowly evolves, changes and transitions over the life course, the development of both the personal and social self can also involve abrupt changes that represent a particular turning point or significant transition (Layder, 2004). This radical abrupt change involved for the participants a transition that included “*changes in feelings, values and opinions*” that incorporated changes in the participants’ self-concept (Layder, 2004, p.16)

Within the subtheme of ‘being young’ participants revealed a sense of changed self in transitioning to the role of teenage parent. They expose a sense of transition in moving from the status of teenage/adolescent by comparing their current status to peers, friends and compatriots who were not teenage parents. This changed self was represented as a sense of separateness from others who had not travelled the journey of becoming a teenage parent and by their sense of responsibility in now being a parent.

As discussed previously (see chapter 2.3) the literature highlights inherent challenges of transitioning from adolescence to adulthood. These challenges revealed bio psychosocial transitions that incorporated physical, cognitive and social developments toward becoming a competent adult (Lerner and Galambos, 1998; Lerner et al, 2001, 2005; Steinberg, 2004; 2007). These challenges reflected the particular life course stage these participants were currently in (Neugarten et al, 1965; Hagestad and Neugarten 1985; Elder et al, 2003; Setterston, 2004). The other aspect of adaptation these participants had to cope with related to their particular experience of transitioning from the status of teenager/adolescent to that of parent (Erikson, 1968, 1996; Wahn et al, 2005; Wilson and Huntington, 2006; Breheny and Stephens, 2007).

The participants’ sense of comparison with friends and compatriots represented an additional transitional process in moving from the arguably carefree role of the adolescent/teenager to the adult role of responsible parent. As debated previously (see chapter 2.3.5) transitioning to parenthood represents a profound life change that includes adaptations for the parent irrespective of chronological age (Mercer, 1986; Hudson et al, 2001; Condon et al, 2004; Deave et al, 2008). The literature depicting

transitions to parenthood for the teenager highlight a critical period of changed existence that includes dual adaptations of individual development and parental responsibility (Erikson, 1996; Wahn et al, 2005; Wilson and Huntington, 2006; Breheny and Stephens, 2007).

This transition represented one aspect of the participants' changed sense of self. A further aspect is reflected in their perceived status which they felt challenged social norms of 'normal parenthood'. This sense of changed existence was exposed as a sense of being judged by others in their world as being too young to become a parent. Both adaptations to that of adult and parent are highlighted within the literature as being an accepted part of 'normal' life transitions in the context of a recognised and accepted life course timeframe (Neugarten et al, 1965; Hagestad and Neugarten 1985; Elder et al, 2003; Setterston, 2004). By contrast, the transition to parenthood for the adolescent/teenager is viewed within some societies as representing an abnormal life transition that challenges ideals of social norms and indeed adulthood (Chase-Lansdale and Brooks-Gunn, 1995; Coley and Chase-Lasdale, 1998; Geronimus, 2003; Duncan, 2007).

Life course theory (see chapter 2.3.2) offers a particular lens to address the context of the participants' transition. A central premise is the acknowledgement of a prescribed life course timetable linked with key life periods/transitions such as childhood, adolescence and adulthood (Hagestad and Neugarten 1985; Elder et al 2003; Setterston, 2004). The theory incorporates the socially and culturally recognised 'norms' with regards to the timing of these key life transitions (Elder et al 2003). Recognised age norms formulate part of the social fabric that potentially shape when it is acceptable to become a parent (Neugarten et al, 1965; Setterston, 2004). Setterston (2004) argues that collectively accepted age norms have an evaluative influence as to what can be viewed as acceptable or indeed unacceptable behaviour within a given society.

Arguably, for the participants in this study the social age norm within which they became parents reflected a transition that was not a generally accepted norm. This argument is put forward in cognisance of the literature (see chapters 1.8 and 2.4.2)

that expose a view of teenage parenthood as being viewed as non normative linked with age timings and transition to parenthood. These viewpoints include inherent debates that depict the teenage parent as socially deviant defying recognised age norms of when one becomes a parent (Hyde, 2000; Hongling, 2001; Wilson and Huntington, 2006; Breheny and Stephen, 2007; Tyler, 2008; Power, 2011; Luddy, 2011). The analogy of the 'good' or indeed 'normal' parent also reveals the contrasting view put forth of the teenage parent. This contrasting view depicted in who becomes a teenage parent (see chapter 2.4.1) revealed an educationally deficient, immature, immoral human being whose career and financial security is compromised by their inappropriately timed fertility (Hongling, 2001; Tyler, 2008; Power, 2011; Luddy, 2011). This social comparison of the teenage parent to that of the socially perceived 'normal' or 'good' parent highlights the social status applied to the teenage parent depicting this status as lesser than the 'normal' or 'good' parent (Power, 2011; Tyler, 2008; Duncan, 2007). This status is depicted in discourses surrounding key aspects of the teenage parents' existence as evidenced in political, economic and media accounts (Myers, 2005; Tyler, 2008; Jones, 2011; Power, 2011). As exemplars, depictions of the British 'Chav' and 'Teen Mom' emphasise the image of the immature, social scrounger, welfare dependent teenage parent who possesses dubious moral judgment and limited life opportunities (SmithBattle, 2000, 2007, 2009, 2013; Tyler, 2008; Jones, 2011; Power, 2011). This emphasis is reiterated in political discourse through media accounts highlighting particularly in the British context the impact teenage pregnancy has on the social moral fabric contributing toward moral decay, increasing welfare costs and state dependency (Duncan, 2007; Tyler, 2008; Jones, 2011; Power, 2011).

This debate is reiterated within Irish society with discourses reflecting that of scorn linked with religiosity, morality and welfare burden (see chapter 1.8) (Viney, 1964; Myers, 2005; Power, 2011; Luddy, 2011). These discourses have contributed to the sense of acceptability associated with teenage parenthood in Ireland. Thus, the ideal parent in the Irish context is the settled mature and established parent against whom the teenage parent is contrasted (Hyde, 2000; Luddy, 2011; Power, 2011).

The comparison made between the 'ideal' or 'good' parent and the teenage parent highlight prevailing discourses that arguably demonise the teenage parent. These discourses provide the context within which this study's participants found themselves in being 'thrown' into the world of teenage parenthood. In the context of this domain of psychobiography what is debated is the participants' sense of personal and social self formation. The debate linked with the participants sense of self has links to the domain of contextual resources reflecting the impact the participants' social context has as a constraining entity (Layder, 1997).

Reflecting on the social context of the participants' existence it is therefore argued that the transition from teenager/adolescent to teenage parent signified an abrupt life change that represented a rapidly changed sense of self involving significant alterations to their personal and social sense of self based on the social norms within which they existed. This abrupt transition revealed the need for the participants to reconceptualise their 'being in the world' which involved a reorientation with regards to their own personal self image and their personal sense of social identity. This reorientation in self image incorporated a change in social status that reflected a move from perceived normality to that of challenging social norms. From this context it is argued that this changed social identity reflected for participants a recategorisation of their sense of personal and social self with regards to the meaning they now ascribed to themselves in the context of expected social norms and status. To explicate this sense of changed self more comprehensively I consider the participants sense of 'being young' within the context of social norms, expectations and status.

### **8.2.2 A Changed Self- Different and Stigmatised**

The aforementioned transitions represents a sense of a changed social 'Me' depicted as 'being young' in comparison to the perceived normal fertility times (Mead, 1934; Breheny and Stephen, 2007; Tyler, 2008; Power, 2011). In the context of chronological age the literature (see chapter 2.4.2) reveals debates with regards to the timing of pregnancy and parenthood arguing in some instances that this life event is untimely for the adolescent/teenager (Coley and Chase-Lansdale, 1998; Geronimus, 2003; Koffman, 2012). This untimely life event is represented as contravening the social norms of when one becomes a parent challenging the norms

of transition from childhood to adulthood (Elder et al, 2003; Setterston, 2004).

In this study's findings the participants' portrayal of 'being young' reflects a sense of congruence with the literature which presents this stage of the lifespan as considered being 'too young' to become a parent (Koffman, 2012). This viewpoint reveals a self perceived notion of 'normalcy' with participants themselves making distinctions between their personal sense of self in terms of when one becomes a parent and social expectations. This subscription to the ideal of what is socially perceived as 'normal' arguably reflects a sense of conformity by participants to the perceived social norms that shape their agency and existence.

This aspect of the participants' agency echoes with Parsons' (1951) notion of conformity (see chapter 4.3.1). From this viewpoint it is suggested that the participants' sense of self reflected a process of re socialization within their world in conforming to the perceived status, role and function of the teenage parent in their society. This notion of resocialisation also echoes Goffman's (1963, p. 32) debate with regards to socialization as a process in which he argues that

*the stigmatized person learns and incorporates standards of the normal, acquiring thereby the identity beliefs of a wider society.*

This sense of conforming to perceived social norms impacted on the participants' personal and social sense of self. This impact reflected a personal sense of diminished self-esteem, worth and self imposed stigmatisation in perceiving themselves as existing outside of the norms of their society. The participants' accounts of comparing their present status as a teenage parent to others in their world revealed a sense of changed self. Cooley's concept of the looking glass self (Cooley, 1902) (see chapter 4.3.2) provides an explanation of compared self shaped by participants' interactions with others.

The sense of existing as a teenage parent outside of the parameters of the social norms represents a sense of self based on how participants thought others viewed them (Cooley, 1902). In looking at the views of others in their world the participants revealed a sense of judgment that they felt was placed upon them in their present status as teenage parents. This was particularly evident in their accounts of their

sense of others viewing them as young, immature, lacking capacity and indeed a mistake in being a parent. In making known their perception of others judgment of them, participants expose a sense of being looked down upon, being disapproved of and of not being a 'normal' parent because they were young.

From the perspective of the participants self perceived view of these judgments it reflected a sense of their self imposed stigma in feeling that their current status was not accepted by others in their world. Their sense of lack of acceptance reflects their sense of 'being different' because of being a young parent. This sense of perceived difference highlights the participants' sense of being treated differently in comparison to 'normal' parents. Participants thus articulated a perceived lack of acceptance by others in their world, by fellow service users and professional service providers. This evaluative aspect of the participants' sense of self reveal the ongoing impact social norms have on their sense of self-esteem and worth.

Rosenberg (1979) highlights the evaluative aspect of the self with regards to the development of the individual's sense of self-esteem. This process entails critical elements including self-efficacy, in terms of competence, capability and self-worth in feeling accepted and valued. In the context of this study's findings the participants' sense of acceptance and value were diminished by their evaluative sense of difference in comparison to perceived social norms. These norms reflected life course timings associated with when one becomes a parent, the participants' view of 'normal parenthood' and their sense of social acceptance as teenage parents. The participants' sense of self based on their personal evaluation and comparison revealed a changed self that included diminished self-esteem and efficacy.

Layder (2004) highlights the individuals' need to feel normal, to fit in and feel accepted by others in their world. This acceptance enhances a personal sense of self and self-worth. The personal self of the participants reveals a sense of self-worth that was impacted by ideals of normalcy and of not belonging to the prevailing concept of what is normal with regards to entering the world of parenthood. This highlights a sense of social comparison exposing an evaluation

of participants' personal and social sense of self in relation to the perceived social norms. From this comparative stance it would appear that an upward social comparison was made by participants exposing their sense of self as less than others in their world.

Ferstinger (1954) highlighted in his social comparison theory the capacity of the individual to either upwardly or downwardly compare ones sense of self with others in their social world. From this perspective, others compared to the self is perceived of as either better or worse than the personal self. Ferstinger (1954) thus highlights the capacity of either upward or downward comparison to shape and mould the human beings' sense of self-esteem and worth either negatively or positively.

Within this study's findings the participants' sense of comparison to what they perceive to be 'normal' parents revealed a sense of upward comparison being made especially in their articulations of viewing themselves as being young and lacking present maturity to be parents. This comparison echoes Mead's (1934) concept of the 'Me' which is learned from interaction with others and the environment that constitutes an internalisation of the sense of self based on others views and treatment of them. The sense of being different and of being treated differently because of being young expose a self-perception of 'being lesser than'.

The sense of 'being lesser than' highlight a perceived social status that echoed Goffman's (1963) concept of stigma. In internalising socially perceived norms the outcomes are reflected in a diminished sense of self-esteem, efficacy and worth (Ferstinger, 1954; Goffman, 1963; Bandura, 1977, 1982). The participants' strong sense of comparison with whom they view as 'normal' could be viewed as a potential contributing factor toward what I argue reveals their sense of self stigmatisation.

Goffman's (1963) concept of the stigmatised person reflects a process of comparison between the stigmatised and the normal. Participants, in making a



mental comparison between themselves and what they perceive as the ‘normal’ parent expose what Goffman (1963, p.18) argued is the incorporation of standards “*from the wider society that equip him to be ultimately alive to what others see as his failing....*” . The participant accounts of others judgment of them as young, different and indeed a mistake compounded their sense of personal stigma existing with their notion of ‘normal’. Thus, it is argued that the participants’ interaction with others in their society contributed to their sense of comparison shaping their renewed sense of ‘different self’ in transitioning to the role, status and function of teenage parent. This sense of ‘different self’ highlights the participants’ learned sense of deviating from the perceived norm (Goffman, 1963). In suggesting a sense of deviance I argue participants’ subscription to the perceived ‘norms’ highlight their perceived sense of deviance from these norms. It is therefore suggested that the participants’ changed sense of self reflected a process of personal discreditation that reflected their personal awareness of difference or indeed deviance in becoming and being a teenage parent.

Moving beyond Goffman’s (1963) notion of stigma, a further influential element moulding and shaping the participants sense of personal and social self, I argue is the concept of othering (Weis, 1995; Spivak, 1985). The process of othering (see chapter 4.3.2) is a concept that merits consideration in the context of this study’s findings, as the participants understanding of themselves as different would appear to reflect a self-initiated process of othering and stigma. In the context of this study’s findings participants internalised their personal sense of self as being the other in comparison to their perception of ‘normal’ parents shaped through interactions with others. This concept of becoming the ‘other’ contributed toward participants’ sense of self understood as different in comparison to their concept of normal.

The sense of self thus far analysed reflects the deterministic power and influence social norms have on the participants’ changed sense of self (Parson, 1951; Foucault, 1977, 1982, 1999; Lukes, 2005). However, as Layder (1997, 2004) highlights the self is a complex entity that has the capacity to display

many aspects of its overall structure. From this perspective Layder (2004, p. 90) argues that

*the self is in a constant process of becoming as it successfully confronts and emerges from the problems of life.*

This viewpoint reflects the existential dilemma faced by these participants in firstly existing within a world in which their perceived ideal of norms contributed toward their self-understanding as being different, deviant, stigmatised and othered. However, it is argued that in becoming and being a teenage parent the participants made known another emergent aspect of their personal self that challenged and resisted these social norms in wanting to be viewed as normal, same and equal. This challenge and resistance was highlighted in the participants' sense of 'being toward the future'.

### **8.2.3 A Future Self –Challenging and Resisting**

Within the subtheme 'being toward the future' participants made known what mattered or was of consequence to them. In Heideggerian terms this revealed the participants' 'care structure' in focusing on their future possibilities, aims, ambitions and goals (Heidegger, 1927/2011). Echoing Heidegger's (1927/2011) concept of 'thrownness' currently existing as teenage parents with current norms, values and culture participants demonstrate a sense of resistance to these norms. This resistance emerged through their sense of 'being toward', in wanting to be the best parents they could be, in having future aspirations toward educational attainment and improved financial security. From the position of future directionality participants made known their needs of wanting support, help and advice to develop and grow in their future role as parents. Their focus was on being valued within their world of existence, a better future for their child and themselves and recognition as a citizen with equal rights as others.

From the position of resisting social norms the participants' 'I' represents their individual agency acknowledging their 'care structure' in 'being toward the future'. This 'care structure' represents the agency of the participants in both learning from and resisting the sense of self created by their social existence in order to enact an authentic existence as a teenage parent (Heidegger, 1927/2011). Layder (2004)

highlighted the potential of social norms to either support or indeed undermine the human beings' sense of personal self or identity. From this viewpoint he advocated the uniqueness of the human beings' personal stance in addressing the challenges of their existence. In the context of this study's findings the participants displayed their own "*unique take on the world*" in challenging and resisting the sense of self created by their internalised notion of social 'normalcy' (Layder, 2004, p.1). Thus, it is argued the participants' challenging sense of self echoes Layder's (2004, p.2) viewpoint that

*personal identity is always caught up in, and constantly emerges from, this tension between fitting in with society and other people and wanting to follow our own desires, hopes and wishes.*

It is within the context of what Layder (1997, p. 27) referred to as the "*duality of separateness and relatedness*" that the participants' sense of challenge linked with their future aspirations is set. This duality reflected a self that was caught in a tension between both psychological and social reality (Layder, 2004).

In enacting the challenge, participants made known their personal sense of self that demanded of them "*personal resilience, self-belief and dogged determination to overcome the forces that stand in the way...*" of their future directionality (Layder, 2004, p.4). However, as Layder (2004, p.4) highlights, in order to achieve personal goals the human beings' capacity "*depends in large part on how much personal security and self-esteem...*" they already possess. For participants, challenging the sense of self already internalised, reflected a struggle in order to achieve their future goals. This struggle was exposed in overcoming their diminished sense of self-esteem and worth in existing with social norms that placed them in the status of different, deviant, stigmatised and othered.

However, despite this adversity, participants' accounts of seeking equality in wanting to be recognised as human beings and parents highlight their personal sense of self-determination in overcoming the force of social norms. The participants' challenging of proscribed norms is evident in their seeking other peoples' acceptance of them as young parents in order to achieve their future goals. Thus, the participants echoed Layder's (1997, p. 5) argument that

*other people have to accept you as you yourself wish to be accepted before your personal desire for change will have any bite or social validation.*

Consequently, the participants made known a sense of self that refused to be trapped or subjugated by their social constraints (Foucault, 1982; Layder, 2004). However, in context of the participants' challenge of social norms they expressed the need for help and support from others in enhancing their sense of personal autonomy and self-determination. Thus, the participants echoed Layder's (2004, p. 13) sentiments that *"we also need others to care for us, to approve of us and to 'believe' in us in order that our own self-attitudes and feelings may be maintained"* and therefore individuals' *"psychological needs are simultaneously social needs"*.

Reflecting on the participants' social need for acceptance, care and support it is therefore argued that the world in which they exist acts in some instances as both a positive force and a counterforce in relation to their future directionality. Instances of feeling either accepted or not were particularly evident in the respective subthemes of 'being provided with a service that is useful [ready to hand]' and 'being treated differently by services'. These subthemes reflect participants' need to be valued and supported as service users. However, in their accounts of 'being treated differently by services' they revealed the impact of the negative force of social norms. This was particularly evident in the culture of disdain that impacted on their sense of present and future self. This culture reflects Parsons (1951) concept of the power of cultural norms. This reflects participants' 'fallenness' in being compelled to conform to values of service personnel who treated them as young, different and lesser than the accepted norm of 'normal parenthood (Heidegger, 1927/2011; Parson, 1951; Goffman, 1963). It reveals a sense of powerlessness dictated by their situatedness as teenage parent service user and of being othered through the disdainful actions of some service personnel. In such instances, participants' social status was positioned as that of 'other' (Spivak, 1985; Weis, 1995). Their status as service user was reduced to a subordinate or indeed inferior created by the powerful actions of service providers enacting a process of othering.

These experiences reveal a sense of diminished personal power and by inference diminished self-esteem in being treated differently by services (Goffman, 1963;

Bandura, 1982; Crespi, 1992; Layder, 2004). This depicts what both Goffman (1963) and Parsons (1951) highlights as the capacity of individuals to perpetuate and maintain the social norms evident within society. From this perspective the actions of service providers either maintained or changed the participants' status by enacting person centred or non person centred practice (McCormack, 2003, 2004). This capacity of service providers impacted on participants' sense of self as either being "*tainted*" or "*discredited*" (Goffman, 1963, p. 12) or indeed accepted and valued (Layder, 2004).

The aforementioned subtheme "being treated differently by services" highlights a negative impact on the participants' sense of self. However, by contrast within the subtheme 'being provided with a service that is useful [ready to hand]' participants projected a sense of being valued, respected, supported and helped by services. This sense of being valued and respected both enhanced and facilitated participants' present and future self in providing a sense of equality and enhanced personal control in their situatedness as service users. These positive encounters with services enhanced participants' sense of self-esteem, worth and efficacy empowering them to strive toward their future goals.

It is therefore argued that the participants' future self was in fact initially conditioned by their life event of becoming and being a teenage parent. The outcome of this changed existence would appear to have impacted on the treatment they received from child and family services. The conditions of either being valued or not by services had a direct impact on their directionality and potentiality. This exposes the power of child and family health services to shape participants' future self as an "*emergent narrative*" (Layder, 2004, p 12) that is dependent on how services view and treat them as service users. Therefore, within the context of this study's findings the participants' sense of challenging self was both enabled and constrained by the encounters they had with child and family services. These encounters not only reflect the impact on their sense of self-esteem and worth, but also their sense of self in challenging their existence and in wanting a better future.

Thus, service providers' capacity reveals their inherent power to either empower or disempower (Rappaport, 1984, 1987) participants as teenage parent service users. This inherent power serves to shape participants' experiences through the enactment of power over (disempowerment) or the provision of power to (empowerment). Therefore, the agency of service providers imbued with the power to shape participants' existence as service users reveal a social force that had the potential to enable or constraint participants' sense of directionality and potentiality.

The encounters participants had with services also highlight their situatedness which is explored in more depth in the subsequent social domain of situated activity (Layder, 1997). However, before moving to this domain it is important to highlight the concept of power and its influence on the participants' sense of self thus far revealed (Layder, 1997). This debate incorporates a reflection on the power of social norms and their impact on the participants' changed sense of personal self.

#### **8.2.4 A Flexible Self- Inner and Outer Power**

The sense of self thus far revealed in this study as lesser than, different, stigmatised and othered reveals the omnipresent power social norms had on these participants. Conversely, the participants' sense of resistance to these norms revealed their struggle against these powers for acceptance revealing their inner power to challenge norms.

This aspect of Layder's (1997) framework initially exposed the process of 'power over' participants by societal norms in shaping their sense of personal and social self (Foucault, 1977; 1999; Layder, 1997). Conversely, what it also makes known is Layder's (1997, p.178) ideal of "*inner power*" highlighted by participants' challenge against the effects of norms associated with parenthood.

Layder's (1997) domain of psychobiography allows for the analysis of power that reflects the human beings' subjectivity acknowledging the uniqueness of the human beings capacity, motives and qualities. Within this domain of psychobiography what has been revealed is the participants' personal sense of self reflected in their transitional process of becoming and being a teenage parent. This changed sense of self reflects the impact of 'being with' others in

their world through interactions resulting in an internalisation of what is socially normal and indeed acceptable. This internalisation of socially acceptable norms has contributed toward a sense of comparison with others resulting in a diminished sense of self-worth and esteem in viewing of themselves as lesser than those whom they considered are ‘normal parents’. Therefore, the participants’ sense of personal and social self highlight their sense of “*the standpoint of the normal*” in comparison to their perceived social status as teenage parent (Goffman, 1963, p.45). This status they reveal as lesser than, stigmatised, different and othered in comparison to ‘normal parents’.

In contrast the sense of self was also revealed as challenging social norms in ‘being toward the future’ exposing participants’ future directionality. In their presentation of a challenging self what was revealed was the potential power of social norms during their encounters with child and family services to either enhance or diminish participants’ sense of self, future directionality and potentiality. The participants’ sense of self during these interactions were internalised as either one who was discredited or accepted. This self was shaped by the enablement or constraint placed on participants through their encounters and interactions with child and family services through processes of either power to (empowerment) or power over (disempowerment) (Rappaport, 1984, 1987; Wallerstein, 1992). Therefore, the personal power and empowerment of participants’ was influenced by their experiences of interacting with services. From this stance child and family services acted as a medium of either empowerment or disempowerment with regards to participants’ sense of self, directionality and potentiality.

A key consideration in this study is Foucault’s conceptualisation of power (see chapter 4.7) highlighting

*the ability of individuals or groups to act on the actions of others,  
or, in other words, to act in such a way as to affect the actions of  
others*

(Foucault, 1999, p.88).

In context of this study the power of socially proscribed norms have impacted on the sense of internalised self that depicts participants’ sense of being lesser than,

stigmatised, different and othered (Goffman, 1963; Spivak, 1985; Weis, 1995). These social norms' power over the participants' sense of self, highlight what Foucault (1998) depicts as the effect of interaction between actors. In the instance of this study the actors include the teenage parents as service users, the broader more nebulous 'the They' or 'Das Man' (Heidegger, 1927/2011) representing social views and the immediate interaction between participants as service users with service providers.

For Foucault (1977, p. 304) "*the judges of normality are everywhere*" and this societal judgment represents a powerful social structure that moulds and shapes the human beings' conformity to social rules. His depiction of power as a process of subjugation serves as a vantage point to consider the 'power over' participants by social norms. For Foucault the process of subjugation

*categorizes the individual, marks him by his own individuality, attaches him to his own identity...is a form of power which makes individuals subjects... subject to someone else by control and dependence; and tied to his own identity by a conscience or self-knowledge.*

(Foucault, 1982, p.781).

Foucault's depiction of power through subjugation echoes that of Parsons who highlighted a process of control over the human being within society imposed by social judgments of what is normal (Parsons, 1951; Foucault, 1977). The participants' sense of both conformity to and control by social norms highlight a process of subjugation by the power or ideological authority of these social norms (Althusser, 1971; Foucault, 1977, 1982). This ideological authority served to shape participants' sense of self that in tandem shaped their sense of social status as that of being subjugated to that of lesser than, different, stigmatized and othered. From this viewpoint social norms had power over participants through subjective internalization that resulted in their subjugation to lesser than, different, stigmatized and othered.

While the previous debate reveals the negative controlling process of 'power over' participants, also evident in this process was the ideal of resistance. This sense of resistance and challenge was evident in participants' sense of 'being toward the



future' in wanting to be valued as young parents. Foucault (1977) in his analysis of power recognised the potential for resistance which makes known the existence of power, that is where power is enacted over and resisted against by actors. From this perspective his theory echoes Goffman's ideals of resistance and dissidence in challenging the doctrine of imposed rules, regulations and norms. Goffman's (1961, p.319) resistance reflected the persons' capacity to express their views exposing aspects of the self that remained separate from "*the clutch of an institution*". In taking a rebellious stance what was made evident was the possibility for some level of autonomy and freedom revealing the individuals' inner sense of power. From this perspective "*inner power*" depicted participants' motivation and agency in challenging norms with which they existed from their unique subjective viewpoint. Layder argued that

*social activity is always influenced by subjective factors such as the desire for honour, prestige and loyalty and other feelings and motivations such as insecurity, bewilderment, identity, care and responsibility ..... these factors push against the influence and pressures of social norms and expectations in an effort to preserve some measure of autonomy in the individual.*

(Layder, 1997, p.179).

From the perspective of attempting to exercise their inner power through the process of resisting social norms the participants in their future directionality was attempting to achieve a level of control over their personal existence as teenage parents. Their striving toward personal control highlights their capacity to try to achieve a level of control. However, this resistance was influenced by the power relationship that existed between them as service users and service providers. Therefore, this power relationship served to either limit or enhance participants' sense of efficacy and self-determination. Thus, the consideration of power in this context reflects the participants' sense of inner power as influenced by their sense of self, autonomy and control

Giddens (1984) concept of choice linked with the participants' transformative capacity (see chapter 4.3.2) offers a further vantage point to consider subjective power. Giddens (1984, p. 14) argues that

*to be an agent is to be able to deploy a range of causal powers. An agent ceases to be such if he or she loses the capability to 'make a difference', that is to exercise some sort of power*

In considering the subjective power of the participants to resist, an important consideration is what Giddens has referred to as the individuals' capability to "*make a difference*" as cited above. This capability was influenced by the participants' sense of inner power firstly shaped by their personal and social sense of self and secondly by the influential power relationship they had with service providers. From this perspective their transformative capacity to achieve their aims, goals and ambitions as service users was dependent on the resources made available to them through the medium of the user provider relationship within the healthcare context.

Layder (1997) drawing on Crespi's (1992) depiction of 'inner power' highlights the efficacy of the individual being closely intertwined with their sense of self. As already debated (see section 8.2.2 of this chapter) the participants' changed sense of self reflected a diminished sense of self-esteem, worth and efficacy. In resisting social norms from the vantage point of a diminished sense of self participants' sense of 'inner power' was initially compromised by their present social existence as a teenage parent. The participants' inner power was dependent on their capacity to negotiate their future goals in the context of their interactions with child and family services. Thus, participants' personal sense of control and power is interwoven with and formulates an inherent part of their experiences in encountering child and family services. These encounters highlight participants' personal control and power shaped by either empowering or disempowering practices of service providers. These interactions are now explored in more depth within Layder's (1997) domain of situated activity.

### **8.3 Situated Activity- 'Being With' Others in the World**

Layder's ideal of situated activity places emphasis on the intersubjective interactive encounters between human beings (Layder, 1997, 2006). From this perspective Layder (1997, p. 89) focuses on adopting "*an analytic vantage point that takes account of the inner dynamics of situations*". Thus, within this domain a key focus is on the meaning of social exchanges between actors and the subtleties of face to face interaction (Goffman, 1983; Layder, 1997). This focus echoes Heidegger's construct of 'encounters with entities' and of 'being with others' in the world that depicts the influence interactions, activity and social norms have on existence (Heidegger,

1927/2011). From this stance the participants' encounters with child and family health care services are explored from the interactive perspective of 'being with' others in the world. Within the domain of situated activity Layder (1997) draws on the work of Goffman's (1983) interaction order. Goffman's (1983, p.4) interaction order theory (see chapter 4.3.2) represents the process of "*co presence*" that involves the face to face interaction between two or more people.

Layder (1997) in utilising Goffman's (1983) theory prefers the terminology "situated activity" over "interaction order". Layder (1997) is critical of aspects of Goffman's theory in giving precedence to face to face interaction and placing influences of broader social forces as secondary to analysis of social life. From Layder's (1997) perspective the acknowledgement of the influence of social forces formulates a key aspect of analysing the human beings situated activity. For Layder (1997) social forces such as discourse, power, and institutional constraints formulate an inherent part of face to face interaction. Thus, he argues that his

*theory of social domains recognises that social life is constituted by unfolding situated activity and pre-existing historical forms that simultaneously condition this activity*

(Layder, 1997, p.248).

Thus, Layder (1997) is keen to acknowledge the distinctiveness of the human beings' situated activity from the perspective of interaction. He makes clear that situated activity is interwoven with and influenced by other social domains in his framework arguing that

*situated activity is a domain in its own right and this means that we must treat its properties and characteristics as distinctive, this should not lead us to view it as cocooned and hermetically sealed from the influence of other social orders or domains*

(Layder, 1997, p.91).

From Layder's (1998, p.158) perspective "*it is the manner in which the inner dynamics of situated activity intersect and intertwine with ... reproduced positions, relations and practices...*" that needs to be considered and analysed. Thus, for Layder both social settings and contextual resources influence the human beings situated activity.

In the context of this interconnectedness acknowledged within Layder's (1997) framework, at this point it is important to emphasise that the debate put forth in this

domain of situated activity is done in cognisance of what has been revealed in the previous domain of psychobiography and the subsequent domains of social settings and contextual resources. As debated in the previous domain what was evident was the interconnectedness of the participants' sense of self with their situated activity of being in the world as a teenage parent. This made known the impact social norms had on participants' sense of personal and social self. From this viewpoint the present domain of situated activity presents participants' potentiality and future directedness as dependent on the nature of their interactions with child and family services as a user. Participants entered into encounters with child and family services from the self perceived stance of being lesser than, different, stigmatised and othered. From this stance their future goals, ambitions, directionality and potentiality was dependent on the outcome of their encounters with services. These encounters served as either enablers or constraints linked with participants' future directionality and potentiality. Thus, what are of particular importance in debating participants' situated activity are the emergent effects of their encounters with child and family services.

Within the theme 'encounters with service entities as a service user' Heidegger's (1927/2011) concepts of 'ready to hand' and 'unready to hand' revealed the participants' circumspective concern as to the usefulness of services for their purposes. Participants' views of services encountered were depicted as either useful [ready to hand] or unuseful [unready to hand]. This exposed the participants' activity as to their purpose in availing of services revealing their present and future goals, ambitions, focus and possibilities. In context of the participants' sense of purpose their encounters reveal the force of social structures mediated through face to face interactions. These encounters and their affects served to shape participants' future potentiality with regards to either enabling or constraining their purpose and goals.

Goffman's (1983) interaction order underlies the presentation of these encounters which are firstly debated from the perspective of the subtheme 'being provided with a service that is useful [ready to hand]'. This particular subtheme highlights participants' sense of valuing the service they received as users. It makes known the importance participants' place on being heard, listened to, respected, supported and

helped by services. This subtheme also reveals the participants' sense of purpose depicting a service they viewed as useful to them. This sense of purpose highlights the participants' future directionality in wanting a service that address their own and their child/ren's needs.

### **8.3.1 Being provided with a Service that is Useful- Enabled and Empowered**

Participants' accounts of interactions with services that they felt was useful [ready to hand] were particularly evident in the subtheme of 'being heard, supported and helped by services'. Within this subtheme participants reveal their purpose in valuing being heard, listened to, helped and supported. This purpose exposes participants placing value on services that did not distinguish them as 'being young or different' and that provided a sense of equality in the provision of services to them. It also makes known the value participants placed on being heard, listened to and supported by personnel whom they felt displayed a compassionate, caring attitude toward themselves and their child/ren. In considering the participants' sense of purpose in engaging with services they wanted to be viewed as equals in the interaction. They placed value on interactions that provided them with a sense of this equality and did not distinguish them as young or different.

Goffman's (1955) concept of facework (see chapter 4.3.2) offers a vantage point to consider the participants' need to be viewed as equal in their interactions with services. Goffman (1955, p. 213) posited the notion of face as the presentation of image within the interaction that firstly acknowledges "*internal consistency*", that is what the person thinks of themselves. This "*internal consistency*" includes a sense of either validation or not of the individuals' understanding of self exposed during the interaction as being "*supported by judgments*", that is what the person thinks others think of them.

In considering the "*internal consistency*" (Goffman, 1963) of participants' in this study it is argued that they interacted with services from the stance of already possessing a diminished sense of self. As debated in the previous domain of psychobiography, participants sense of self included one of being lesser than, different and stigmatised. This sense of self placed the participants within the context

of interactions with services as having a personal sense of feeling discredited or stigmatised. Goffman (1963) in debating the concept of stigma refers to the notion of the individuals' sense of firstly being discredited and secondly being discreditable. Goffman (1963, p.14) poses the questions:

*does the stigmatised individual assume his differentness is known already or is evident on the spot [discredited], or does he assume it is neither known about or immediately perceivable by them [discreditable]?*

In the context of this study, participants entered into interactions with services from the self-perceived stance of feeling discredited. Goffman (1963, p.14) depicts one aspect of being discredited as possessing "*blemishes of character... that are inferred from a known record*". In entering into interactions with services it was clearly evident the participants were either pregnant or were parents and therefore presented themselves as already differentiated from what was socially understood as 'normal' with regards to becoming and being a parent. Their status therefore exposes a pre-existing challenge for participants in managing the tension caused by their knowledge of being discredited during their interactions with services. Goffman (1963, p. 3) argues that a stigmatised identity reduces the human being from "*a whole and usual person to a tainted, discounted one*". In considering the participants' sense of self as stigmatised they placed themselves within the category of tainted and discounted.

The ideals debated thus far of being tainted, discredited and discounted echoes the participants' sense of self as lesser than, different, stigmatised and othered. This perceived status expose a power differential between the participants and the service providers with whom they interacted. This power differential depicts what Lukes (1974/2005) (see chapter 4.7) refers to in his conceptualisation of power as 'power through'. For Lukes (1974/2005) 'power through' is representative of the ideological forms of power that are operationalised through prevailing dominant knowledge systems. In the context of the power differential put forth the prevailing social norms linked with understandings of teenage parenthood served to firstly exert a sense of power over participants impacting on their sense of self stigmatisation before entering into interaction with services.

This sense of stigma contributed toward this power differential that had the potential to effectively marginalise participants in feeling that they were not a fully accepted member of society. Thus, Goffman's (1955, p. 213) concept of being "*supported by judgments*" reveals the potential power of services to either confirm or not the participants sense of self during their interactions with teenage parents as service users. Lukes (1974/2005) concepts of 'power over' and 'power to' highlight the potential outcomes associated with the power of service providers' judgment of participants. For Lukes (1974/2005) 'power to' represents the capacity of agents to act, while 'power over' represents the capacity to exert power over others. In the context of this study's findings this capacity was dependent on whether or not participants' sense of self was "*supported by judgments*" of service personnel they encountered. Thus, it is suggested that service providers possessed the ability to operationalise power by either focusing on ideals of empowering or disempowering participants' capacity.

The aforementioned argument suggests a sense of complete dependency on the actions of service providers as to whether or not participants' personal sense of 'inner power' was enhanced or depleted. However, while participants' reveal a sense of self stigmatisation as one aspect of their self; they also reveal a sense of self that wanted to be valued on an equal basis. Their focus of wanting to be valued reflects aspects of Goffman's (1959) concept of impression management in which the individual attempts to contest understandings of them in an effort to maintain a sense of self-worth, esteem and avail of social support.

As debated within the domain of psychobiography participants presented a sense of resistance and challenge to the social norms that placed them in the status of being lesser than, different, stigmatised and othered. Participants' resistance and challenge depicted their 'inner power' in exercising their right to be viewed of as equal and in attempting to exercise a sense of control over their existence as a service user.

Participants' presentation depicting their sense of self as wanting to be viewed and treated in a fair, just and equal manner expose their inner power and control in managing their interactions with services. Their management of their interactions

highlight evidence of some participants' capacity toward impression management creating a sense of who they wanted to be viewed as and understood. In managing these interactions participants make evident their capacity to articulate their needs, to exercise their assertiveness and to negotiate with services. From this viewpoint participant's abilities to manage within the interaction expose aspects of their 'inner power' that facilitate and enhance their personal sense of worth, esteem and value as a parent. In this sense participants revealed a personal sense of providing 'power to' themselves demonstrating a sense of 'inner power' to actively manage themselves during interaction.

However, in the two way process that is an inherent aspect of interaction this attempt to preserve or save face needed to be supported by the service providers. Participants' preservation of face was provided in the context of interactions with services they deemed useful [ready to hand]. These types of interactions with useful services reveal a sense of participants' inner power being enhanced and empowered. The participants' capacity to exercise their 'inner power' was made evident by services that heard, listened and supported their purpose, intentionality and future directionality. Participants' enhancement is evident in their articulation of what Goffman (1971, p 63) refers to as "*remedial exchanges*" and "*supportive interchanges*". Goffman's (1971, p.108) depiction of these concepts within interaction refers to what he states are "*access rituals*". Inherent within these concepts is the notion of a restorative functionality in order to achieve restoration, minimise damage and reduce blame. Goffman (1971, p.138) argues restorative function reflects the "*moral rules and their function between self and society*". In the context of the subtheme 'being heard, supported and helped by services' service personnel by imparting to participants a sense of care and compassion offered a restorative function that minimised their personal sense of being lesser than, different, stigmatised and othered. It reveals what Goffman (1967, p.11) depicts as social encounters that "*are enacted in such a way that one's own face and others' face are maintained through self-respect and considerateness*". It arguably reflects what Goffman (1967) depicts as the sacred character of society in which service providers became the protectors of the interaction with participants. From this stance



service providers employed tact developing a sense of trust between the participants and themselves, thus both honouring and protecting participants during interactions.

Goffman (1971) argues that it is within the context of interaction that the human being seeks the respect of others with whom they interact. This search for respect involves acknowledgement of the individuals' being or indeed their right to existence. It highlights what Goffman (1959) argues is the moral character of self-presentation, that is a moral right to expect to be treated in the manner in which we wish to be treated. From this stance participants' face work highlight their need to be acknowledged and respected for who they are and who they wanted to be understood as within the user provider relationship. Goffman's (1971) concept of 'supportive interchanges' facilitated the participants' effort to preserve face and exercise their right to be recognised as valued service users.

Goffman (1967, p.7) depicts face as that which is "*diffusely located in the flow of events*" during an interaction. In all forms of interactions Goffman (1967, p.7) argued that the social self is open, accessible and indeed vulnerable to those involved in the interaction. In this context the person during interaction "*protects, defends and invests his feelings in an idea about himself and ideas are vulnerable not to facts but to communication*". Thus, face within the context of social encounters reflects a social value that encompasses the recognition of social attributes that are either confirmed or disconfirmed by others.

In facilitating the participants to preserve face, service personnel were affirming "*the positive social value*" (Goffman, 1967, p.5) that the participants were effectively trying to claim for themselves during their interactions with services. Goffman's viewpoint highlighting the importance of face preservation during interaction has an impact with regards to power relations. In considering power relations, face within interaction is intertwined with both power and personal prestige (Goffman, 1955, 1961, 1967). The positive sense of acceptance and indeed support provided by service personnel toward the participants during interaction reveal what Goffman (1967) highlights as face maintenance. Thus, in being provided with an opportunity to preserve and maintain face the participants' 'inner

power' was supported, enhanced and empowered. From this perspective useful [ready to hand] services provided 'power to' participants enabling and empowering their sense of control and ability. The literature depicting individual empowerment highlights the capacity of empowerment to facilitate the human beings' transition from that of a powerless state to that of increased sense of perceived control (Gaventa, 1980, 2006; Giddens, 1984). Giddens' (1984) depiction of power relations serves as a means to debate the impact of power on empowerment in this aspect of the debate focusing on his ideal of transformative capacity.

Giddens (1984, p.14) ideal of "making a difference" (debated earlier in section 8.2) is now revisited in the context of the participants situated activity. Giddens depicts capacity to make a difference as action which

*depends on the capability of the individual to 'make a difference' to a pre-existing state of affairs or course of events. An agent ceases to be such if he or she loses the capability to 'make a difference', that is, to exercise some sort of power*

(Giddens, 1984, p.14).

For Giddens (1984, 1993) the human beings' action or agency is intrinsically tied to the concept of power. Power thus refers to "the transformative capacity of human action" (Giddens, 1993, p. 109). This capacity reflects the human beings' ability to "mobilise resources to constitute those 'means'... to achieve outcomes" (Giddens, 1993, p. 109). Thus, from this perspective Giddens (1993, p.110) argues that

*Power in the case of transformative capacity of human agency is the capability of the actor to intervene in a series of events so as to alter their course, as such it is the 'can' which mediates between intentions or wants and the actual realisation of the outcomes sought after*

In the context of participants encounters with services deemed useful [ready to hand] the participants' transformative capacity was both facilitated and indeed made possible through the co-operative actions of service providers. Participants entered into interactions with services from a perceived stance that depicted the ideological power of social norms over their personal social status. This embedded sense of diminished personal power negatively impacted on the participants' sense of equality in interacting with services. This internalisation echoes what Gaventa (1980) depicts as a process of perceived powerlessness in relinquishing a sense of personal control with regards to future goals because of a sense of conforming to or

indeed control by social norms and values.

In the context of 'being heard, supported and helped by services' the participants sense of being valued and respected by service providers served to enhance their sense of 'power within', depicted as an increased sense of self-worth and dignity. From this perspective service providers empowered participants through their actions in providing to them a service that facilitated participants' transformative capacity to aim toward achieving their intended goals and outcomes. These intended outcomes firstly reflect participants wanting to be valued and respected as a service user and a parent. Secondly they reflect participants' future goals of wanting an improved future for their child and themselves. However, in order to achieve these goals participants were dependent on the support they received from service providers. This dependence echoes Giddens (1993, p.110) who argues that

*power in the narrower relational sense is a property of interaction and may be defined as the capability to secure outcomes where the realisation of those outcomes depends on the agency of others".*

This argument put forth by Giddens (1993) resonates with the participants' means of achieving their intended goals and outcomes evidenced in this study. From this perspective the action of service providers is important in facilitating participants' sense of personal power and empowerment in achieving their future directionality. Service providers' actions acted as the mediator or gatekeeper that facilitated participants as service users to feel they were valued, respected and supported. This mediation involved the recognition of the participants for who they were and who they wanted to be without negative judgment. In facilitating participants to preserve and maintain face it is suggested providers enhanced participants' personal sense of power. In saving or indeed preserving face participants were facilitated within interactions in a fair, just and equal manner. These facilitative acts reveal participants' were being treated without stereotypical judgment focusing on their individuality and personhood. This facilitative focus highlights a suspension of social understandings of the teenage parent shaped by norms and viewing the participants firstly as service users. These facilitative actions by service providers during interactions with participants effectively diminished their sense of self stigmatisation and enhanced their self-esteem and efficacy.

These actions served to transform the teenage parents' existence as service user from that of lesser than, different stigmatised and othered to that of equal, same and normal. This reveals a transformative process moving beyond the dominant understandings depicting the teenage parent to refocusing their status as equal, same and normal. This moved the conceptualisation of "power through" social norms, values and ideals of the teenage parent to one of 'power through' values and ideals of person centred care.

The key principles of person centred care (see chapter 1.9) acknowledge individuality, rights, equity, justice and respect (McCormack and McCance, 2006; Bergman and Trost, 2006; Alharbi et al. 2012). In reconceptualising 'power through' as valuing, respecting and empowering participants, their status was elevated placing them at the centre of the interaction shifting the power balance from 'power over' to 'power to' (Gaventa, 1980, 2006; Lukes, 2005; Bergman and Trost, 2006; McCormack and McCance, 2006; Alharbi et al. 2012). These empowering actions expose collaborative practices that include one of partnership with participants which served to enhance the development of trust, respect and value during interactions (McCance et al., 1999; McCormack 2001, 2004). The creation of this trusting environment resonates with what Goffman describes as "*normal appearances*" which for the human being during interaction involves feeling

*safe and sound to continue on with the activity at hand with only peripheral attention given to checking up on the stability of the environment*

(Goffman, 1971, p. 283).

From Goffman's (1971, p.305) perspective if the person senses within the interaction that things are normal they are more likely to "*exude calmness and ease*". Therefore, in the creation of a person centred focus during interaction the participants were provided with an environment that depicted 'normal appearances'. From this perspective their sense of safety was enhanced in that they did not feel their personal selfhood was threatened. Thus, in the context of interactions with services deemed useful [ready to hand] participants were provided with a sense of security and trustworthiness that enhanced their experience as service users.

At this point in depicting this conceptualisation of power I wish to premise that this opportunity was only made possible through the actions of service providers. This capacity highlights service providers' juxtaposition to empower or not as mediator or gatekeeper to the types of experience teenage parents as service users may have. This mediator role reflect service providers' capacity to facilitate the reconceptualisation of 'power over' that in effect provided 'power to' participants (Lukes, 2005). This places the providers in a powerful position within regards to their interactions with participants. It reveals their potential capacity to either empower or indeed disempower participants as service users.

The aforementioned debate depicting the capacity of providers to empower participants has been revealed within the context of participants' encounters with services deemed useful [ready to hand]. The subsequent debate of the participants' situated activity reveals the providers capacity to adversely affect participants sense of power and empowerment. This debate is put forth in the context of participants encounters with services they deemed unuseful [unready to hand].

### **8.3.2 Being provided with a Service that is Unuseful - Constrained and Disempowered**

Within this aspect of debating the participants' situated activity the theme of "being provided with a service that is unuseful [unready to hand] is presented as both constraining and disempowering participants. This theme exposes participants' encounters with services that impacted negatively on their sense of purpose and future directionality. It highlights participants' sense of not being heard, supported or helped by services. In particular participants rationalised their sense of not being heard by services as a reflection of their being viewed of as 'young and different'. Participants revealed a strong sense of being viewed as lacking capacity and competence to be parents. This theme exposes a culture of disdain toward participants in being treated in some instances disrespectfully. It reveals the participants' personal sense of being devalued and stigmatised by service providers as a service user.

In considering participants' encounters with unuseful services their situated activity explores the inherent power of service providers to confirm and legitimise the participants sense of self as lesser than, different, stigmatised and othered. It also debates the impact non useful treatment had on the participants' personal sense of esteem, worth and efficacy in being a teenage parent service user.

Goffmans (1963) work on stigma is useful to depict the participants' situated activity in the context of their interactions with services they deemed unuseful [unready to hand]. Within the aforementioned debate I argue about the potential power of service providers acting as mediators to either empower or indeed disempower participants during their interactions. In the context of debating the service providers' power in providing an unuseful [unready to hand] service to participants I present their power to disempower through their use of stigmatising actions and the enactment of the process of othering (Spivak, 1985; Weis, 1995).

Goffman (1963) depicts stigma as representing three key categories of individuals: 'the stigmatised', 'the normals' and 'the wise'. In depicting these categories Goffman presents 'the stigmatised' as individuals who bear the name of stigmatised, 'the normals' are individuals without stigma and 'the wise' are individuals depicted as normal who are accepted by the stigmatised. In putting forth these categorisations I argue that within the context of participants' encounters with services they deemed unuseful [unready to hand] participants were categorised by providers as individuals who bear the name of stigmatised (Goffman, 1963).

From Goffman's (1963, p.1) perspective the label of stigma represents for the individual "*a state of being disqualified from social acceptance*". In considering the ideal of disqualification, participants in their interactions with unuseful [unready to hand] services, put forth a sense of being disqualified from social acceptance as a service user, stemming from their social status of being a teenage parent. Particularly within the subtheme "not being heard, supported and helped by services" participants depicted a sense of invisibility during their interactions with services. This invisibility echoes Goffman's (1963, p.151) concept of 'non-person treatment' depicted as the capacity of people during the interaction ritual to view a person

*“...as if they were not there at all, as objects not worthy of a glance...”*. This concept of non-person treatment echoes with Spivak’s (1985) idea of othering placing the participants in a subordinate inferior status that serves to disempower their role as a service user.

In considering Goffman’s concept of non-person treatment and Spivak’s (1985) process of othering in the context of the participants’ accounts, what is made known is their experience of not being heard, valued or respected. Participants highlight their views of not being listened or responded to, of their requests not being honoured and most significantly a sense that their rights as a person was neither acknowledged nor acted upon. This reflects Goffman’s (1963) ideal of non-person treatments and Spivak’s (1985) concept of othering arguably negating participants’ rights to recognition as service users.

Goffman’s (1955) concept of ‘ritual acts’ and Spivak’s (1985) ‘othering’ depict the inherent power of service providers in granting participants the status of non-person during their interactions. Non person status for participants arguably depicts their personal sense of invisibility and inferiority as ‘being lesser than’ exposed in this study’s findings. Goffman’s (1963) depiction of invisibility highlights the struggle participants had for recognition during their encounters with service providers. Participant’s recounted instances of feeling marginalised through providers’ actions such as lack of information, consultation and segregation from significant others during interactions. Providers’ actions resonated with the participants’ sense of being devalued and disrespected as a human being. The providers’ actions reveal aspects of stigmatising practices directed toward participants based on their accounts of their sense of being treated and viewed differently. Participants’ sense of difference was revealed in their repeated accounts of being treated differently in comparison to older parents, for instance, their requests for assistance and help were ignored while other service users requests, whom they described as ‘normal parents’, were honoured. It reveals a sense of participants’ recognition that their social status as teenage parent means a difference in treatment as a service user.

Goffman's (1963) depiction of stigma echoes the participants' sense of difference. For Goffman (1963, p.1) stigma reflects an attribute that identifies a person as being of

*a less desirable kind – in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma*

In the context of participants' encounters with services they deemed unuseful [unready to hand] I argue that service providers act in the role of a stigmatiser.

Goffman (1963) highlights that the attitudes of 'normals' toward a person with stigma reveals aspects of dehumanising the individual. This reflects Goffman's (1963, p.15) assertion that "*we believe the person with a stigma is not quite human*". In considering the status of non-person presented earlier in this debate, the construct of being non human reveal aspects of the participants encounters with services that depict discriminatory and prejudiced practices toward them. These practices it is suggested was grounded in the placing of the teenage parent as different to the accepted norms of when one becomes a parent in society.

Participant's accounts reveal being treated as if they lacked both capacity and capability as a parent. Their accounts also highlight in some instances receiving a service that expose a culture of disdain being demonstrated toward them. These practices make known a sense of lost selfhood by participants imposed on them by views of service providers that saw participants as young, different and inferior. Goffman (1963, p. 15) argues that in viewing the person as possessing a stigma

*we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class.*

From this viewpoint the label of stigma denigrates the human beings status to that of being inferior (Goffman, 1963; Spivak, 1985; Weis, 1995). This sense of denigration is clearly echoed in the participants accounts of being looked down upon and of



being treated in some instances with disdain by service providers. This denigration it is suggested reveals the participants being stereotyped as lesser than and different by providers. Goffman's (1963, p. 14) depiction of stigma resonates with this ideal of stereotypical practices highlighting that

*a stigma ... is really a special kind of relationship between attribute and stereotype....*

Similarly, Spivak (1985) argues that when a process of othering is enacted, the categorisation of the person to that of 'other' represents a form of subjection in which their identity is ascribed by a powerful other within the context of interaction.

In the context of participants' encounters with unuseful [unready to hand] services the perceived attributes of participants being viewed of as young to be a parent impacted on the stereotypical judgments made by service providers. These judgments reflect an association being made between what is conventionally understood of teenage parents within the context of broader social norms and the participants. This association reflects what Link and Phelan (2001) highlight as a generalisation or collective understanding associated with particular groupings of people (see chapter 4.3.2). In the context of teenage parents as debated within psychobiography these generalisations reveal prevailing negative typifications of teenage parents as young, welfare dependent and problematic (Hongling, 2001; Wilson and Huntington, 2006; Tyler, 2008).

Typifications of the teenage parent shaped the service providers views and served toward the development of stereotypical understandings of participants. These stereotypical understandings resulted in placement of participants in this study within the confines of having a "master status" of being a teenage parent. From Goffman's (1963) perspective possession of a 'master status' has the potential to devastate understandings of the human being's identity in that this singular status is what serves to define the individuals' social identity. Categorisation of the individual's status within a 'master class' overrides all other traits the individual may possess and dominates understandings of them within their social world. From this viewpoint the master status afforded to teenage parents highlight one of stigma associated with social norms of teenage parenthood. This master status shaped and formulated service

providers' viewpoints of participants they encountered revealing what Goffman (1963) depicts as the discredited social identity of stigma bearer. These understandings served toward the creation of both discriminatory and prejudiced practices revealed in participants accounts of encounters with unuseful [unready to hand] services.

Link and Phelan (2001) highlight that while the stigma is always an inherent part of the person who is stigmatised; prejudice reflects the viewpoint and action of the stigmatiser. The providers' prejudice reflects an acknowledgement of the participants "*virtual social identity*" (Goffman, 1963, p. 2), that is how the teenage parents' master status was characterised within society. However, what appeared to be absent in the theme depicting encounters with unuseful [unready to hand] services was the acknowledgement by service providers of the participants "*actual social identity*" (Goffman, 1963, p. 2), which is the attributes possessed by participants in this study. These attributes depicted in psychobiography highlight a future directionality in wanting to be valued as parents and in planning a better future for their children.

The lack of acknowledgement of participants' actual social attributes contributed to a process of denigrating their social status to that of stigmatised. It confirmed the participants' sense of personal and social self depicted in psychobiography that revealed a sense of self stigmatisation. This sense of self stigmatisation revealed a diminished sense of self that was depicted as lesser than, different, stigmatised and othered. It is therefore suggested that through the service providers' non person centred action participants' personal sense of stigma was confirmed. The providers non person centred actions also reveals disregard for the participants' sense of self worth. This disregard is depicted by participants' non-person treatment who arguably is not worthy of recognition with regards to their future goals and directionality. Finally, participants' encounters with unuseful services expose a clear power differential within the user provider relationship. This power differential is created by the perceived social status of the participants as stigmatised and service providers acting in the capacity of stigmatiser.

From the viewpoint of depicting the service providers' role as that of stigmatiser their inherent power served to erode the participants' transformative capacity with regards to their situated activity as service users. As debated earlier, Giddens' (1984) depiction of transformative capacity depicts the facilitation and support of the individual to exercise their agency. In the context of participants encounters with services deemed unuseful [unready to hand] the stigmatising actions of providers served to disempower participants' opportunity to "*make a difference*" (Giddens, 1984, p.14) with regards to their future directionality.

Links and Phelan's (2001) conceptualisation of stigma offer a means to understand what consequences the power of being stigmatised had on participants' existence as service users. They argue that stigma occurs

*when elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them.*

(Links and Phelan, 2001, p. 377).

From the position of being the stigmatiser service providers control the means by which power was enacted during participants' interaction with unuseful [unready to hand] services. This exertion of power reflected the development of a power situation in which the participants were initially labelled as different, young, lacking capacity and capability. The status of participants debated earlier as non-person reflected a sense of status loss placing them in a hierarchical position of being powerless. This powerless status exposes the capacity of service providers to exercise their 'power over' participants.

Foucault's (1982) depiction of power and Goffman's (1963) concept of master status reflect the categorisation by service providers of participants as being subjugation. The process of subjugation reveals the participants' sense of struggle against the label of teenage parent as understood by others. It reveals what Foucault (1982) calls 'a struggle against the power of being categorised'. The power exerted by service providers' limited participants' opportunity for participation in the context of interaction with unuseful services. It exposes a sense of exclusion of participants with regards to their participatory rights as service users and reveals instead ideals of

subjugation, stigmatisation and othering. These ideals echoes with Foucault's (1982) concept of bio power that reflects processes of subjugation enforced by disciplinary knowledge that defines what is normal, deviant and acceptable over groupings of people. Therefore, in the service providers' categorisation of participants in accordance with their master class, providers' exercised ideals of bio power and subjugation. This sense of subjugation highlights the power of service providers to acknowledge participants as non-person, to disregard their needs and to effectively disempower their sense of personhood.

Link and Phelan (2001) argue that stigmatisation is viewed as complete when various forms of disapproval, disempowerment, rejection, exclusion and discrimination are applied. In the context of the participants' situated activity engaging with unuseful [unready to hand] services, providers in their role as stigmatiser served to disempower participants through processes of subjugation. Subjugation in this instance highlights placing participants within the status of teenage parent and not recognising their unique attributes beyond that of stigmatised. This disempowerment was compounded by the already diminished power of participants who were coping with a critical life change in becoming and being a teenage parent. This disempowering process arguably served to create a power differential placing service providers in the status of powerful and participants in the status of powerless.

Foucault (1982) argued that the existence of power is only made evident when it is put into action. In the context of presenting the stigmatiser role and actions of service providers in providing an unuseful [unready to hand] service, providers served to create a power relationship. This power relationship from Foucault's (1982, p.779) perspective

*can only be articulated on the basis of two elements which are indispensable if it is really to be a power relationship; the 'the other' the one over whom power is exercised) be thoroughly recognised and maintained to the very end as a person who acts; and that, faced with a relationship of power, a whole field of responses, reactions, results, and possible inventions may open up.*

Thus, in considering the participants actions within the context of this power relationship I argue that participants' future focus and directionality represented a struggle against the oppressive nature of power imposed upon them during interaction. Participants' struggle against the power of service providers depicted firstly defensive reactions toward providers as articulated in their accounts of challenging personnel. Also participants' actions during encounters with unuseful services depict a sense of defeat in conforming to the role of non-person, such as, remaining silent and accepting without challenge disrespectful comments made to them. Participants' encounters with unuseful services also expose some participants' complete withdrawal from interactions and use of these types of services. These reactions highlight the adverse effects and outcomes of being stigmatised, made known by participants' sense of marginalisation within the health service system, their enactment of social distancing from services and avoidance of unuseful [unready to hand] services. All of these actions have a clear consequence for the overall health and wellbeing of both the teenage parent and their child/ren. However, of a more insidious yet detrimental outcome is the inherent degradation of the participants' sense of self-worth.

Mead's (1934) theory of the self acknowledges that each individual has a basic need to be validated as present. This validation of presence involves basic processes of recognition acts and in essence confirms for the human being their sense of self-worth. In the denigration of the participants' status to that of non-person during interactions with unuseful [unready to hand] services the most devastating outcome is further diminishing of the innate self-worth of participants. The consequences are seen in participants' diminished sense of self confidence, belief in 'being toward' the future and belief in their capacity to achieve their intended goals and ambitions. It reveals an aspect of service provision that merits serious consideration with regards to how teenage parents are viewed, facilitated and treated by child and family services. It also reveals the potential negative effect services as a contextual resource can have on the teenage parent as a service user.

Thus far in this explication of depth understanding what has been debated is the subjective realm of the participants' social existence as teenage parent service users.

The domain of psychobiography has revealed the changed sense of self shaped by transitional life course changes, social norms and comparison to others in their world. The participants' situated activity in 'being with' others in their world as teenage parents revealed clear linkage between the participants personal sense of self and the social self moulded and shaped through interaction. These interactions with others revealed the influence of social norms, values and beliefs in not only shaping participants social sense of self but in also impacting on their future directionality. In particular interactions with child and family services served to either enable or indeed constraint the participants capacity to achieve future goals and ambitions.

While Layder's (1997) framework has thus far revealed the subjective realm of participants' existence, a further consideration of this existence is now explored within the objective realm of both social settings and contextual resources. Layder (1998, p.156) argues that both situated activity and social settings

*are tightly bound together and cannot in any sense be understood as entirely separate from each other.*

From this viewpoint the subsequent debate presenting the participants' social setting is closely intertwined with what has thus far been revealed in the debate of participants' psychobiography and situated activity.

#### **8.4 Social Settings- 'Being in the World' as a Teenage Parent and a Service User**

Layder (1997, p.158) highlights that "*social settings themselves vary considerably, as do the wider class, gender and racialised contexts of these settings...*". Layder (1997) depicts social settings as the locations where situated activities take place. Social settings signify the aspect of social reality that in part constitutes "*systemic features that are relatively impersonal, inert and which represent the standing conditions confronting people in their everyday lives ...*" (Layder, 1997, p.100). Settings represent a myriad of proximate locations within which the individual lives and interacts. These environments are

*primarily composed of reproduced relations and practices that define the social contours of settings and that range from highly formalised organisational environments to the more informal settings of personal or family life.*

(Layder, 1997, p. 87)

In the context of this study the debate on participants' social settings explores their 'being in the world' as a teenage parent and a service user. These aspects of participants' social setting are closely intertwined to their situated activity of interacting with child and family healthcare services and in being in the world as a teenage parent. From this viewpoint what are explored are the formal environments of health services and the informal environment of family networks that participants revealed were part of their social realm. This social realm is firstly debated with regards to the healthcare settings in which the participants situated activity as service users was enacted.

#### **8.4.1 Child and Family Healthcare Settings- Enabling or Constraining**

Layder (1997) argues that the nature of settings varies greatly. This variation reflects the level of influence exerted on the setting by broader social systems. The more formalised the setting the more impact systems will have on encounters within that setting. In this context the participants' interactions with child and family health services were conducted in a formal health care environment influenced by governmental policy, local guidelines and organisational culture

Organisational culture as a phenomenon reveals a social force that includes both internal and external forces (Alvesson, 1991; Scott, 2003). Within the context of considering the child and family healthcare settings encountered by participants it is argued that internal forces revealing organisational subcultures directly impacted on their situatedness as service users.

Irish healthcare policy (see chapter.1.10.1) represents the external forces that advocate person centredness as a model of healthcare delivery (DoHC, 2001a, 2001b, 2012). Internal forces represent the organisational subcultures of professional healthcare workers that within this study reveal two key opposing practices in service provision, that of person centredness and non-person centredness (McCormack, 2004; Innes et al, 2006; McCormack et al, 2010). These practices reveal shared values and understandings between frontline staff that impacted on the teenage parent as a service user.

#### **8.4.2 Enabling Healthcare Settings- Person Centred**

As debated earlier (see chapter 1.9) Irish healthcare policy advocates that healthcare settings have capacity to empower individuals by enacting the principles of fairness, justice, equity and person centeredness (DoHC, 2001a, 2001b, 2012). In the social setting of child and family healthcare services deemed by participants as useful [ready to hand] it would appear that empowering processes were clearly evident. As debated in the aforementioned domain of situated activity, this sense of empowerment was mediated through the actions of frontline service personnel with whom participants interacted. These settings within which person centredness was the focus served to enhance participants' positive experiences as service users.

Person centredness within the setting of healthcare delivery reflects a focus on involvement of the service user, recognition and inclusion of their views /needs and provision of a flexible, responsive service (McCormack, 2004; Innes et al, 2006; McCormack et al, 2010). It is underpinned by the humanistic values of respect for persons, the right to self determination, shared mutual respect and understanding (McCormack, 2004; McCormack et al, 2010). Within the context of what McCormack et al (2010, p.2) describes as "*caring encounters*" the focus and ethos of person centredness is made evident by both healthcare personnel's actions and users views of services.

In the healthcare settings participants' encounters with services they deemed useful [ready to hand] suggested that the principles of person centred service delivery were enacted through "*caring encounters*". These encounters highlight an organisational culture that advocates choice, respect, valuing the service user and recognising individual needs.

Innes et al. (2006) debates the impact organisation culture can have on both staff and service user experiences. A culture that incorporates the values of person centredness not only needs to consider the delivery of this model of care to users but also the means by which frontline staff can provide this care (Innes et al, 2006). Thus, the overall ethos of the organisation, the facilitation and educational preparation of staff



and the provision of appropriate resources all have a bearing on the development of a healthcare setting that espouses and provides person centred care (Innes et al, 2006).

In the context of this study the participants' encounters with useful [ready to hand] services revealed sub cultural characteristics that both facilitated and enacted person centred care. These characteristics suggests a context in which staff is facilitated to deliver this model of care. It reveals a sense of staff that are effectively prepared, educated and supported to provide this model of care that echoes the overall ethos of the organisation. From this viewpoint the healthcare setting depicted as useful [ready to hand] depicts services that are being enacted in concordance with overall Irish governmental strategic health policy and organisational philosophy.

Layder (1997) highlights that the nature of the setting in which interaction occurs have key significance with regards to the activity itself. From this perspective Layder (1997) highlights that settings by their very nature or kind can either facilitate or hinder activity. Returning to the participants situated activity of encounters with useful [ready to hand] service, the healthcare setting providing a person centred service facilitated, enhanced and empowered participants as service users.

From this perspective the useful [ready to hand] services reveal opportunity for participants to enhance their sense of personal control and power as a service user through collaborative practices (Kanter, 1977, 1993). These practices serve to enhance participants' opportunity to access support, information and resources that facilitated their future directionality and potentiality. Thus, the healthcare service deemed useful [ready to hand] provide an environmental context that operationalise an ethos of enhancing opportunity for empowerment through the delivery of person centred care.

The debate regarding the organisational culture in child and family services has thus far revealed a homogenous setting that enhanced participants' experiences of being a service user through the uniform provision of person centred care. However, in the context of organisational culture it is also necessary to consider heterogeneous aspects of this setting and its potential impact on participants'

experience as service users. Scott et al (2003) depict healthcare organisations as possessing unique sets of cultural configurations. These configurations are due to the nature of the organisation with regards to its structure and size. What is of importance in the context of this study is the nature of these configurations or subcultures that reveal group characteristics and local values. Scott et al (2003) argue that professionals within large organisational structures tend to identify and associate with colleagues they work closely with in the context of daily routine and activity. Thus, cultural values, norms and behaviours are more closely aligned to the professional subculture of the organisation than with the actual overarching organisational culture.

#### **8.4.3 Constraining Healthcare Settings- Non-person Centred**

In the context of exploring the healthcare settings in which participants experienced unuseful [unready to hand] services it is suggested that collective professional sub cultural beliefs, values and norms did not subscribe to governmental policy ethos of person centred care. In making this assertion I wish to caveat that the assumption is that the organisational ethos reflected governmental policy advocating person centredness. This assumption cannot be validated from this study's findings. However, what is argued in the context of this study's findings is that non-person centred practices contributed toward participants' negative experiences of services.

For participants entering the healthcare setting of unuseful [unready to hand] services they experienced an established form of subcultural organisation that denigrated their role to one of non-person, marginalised and stigmatised. As debated in the domain of situated activity, the placement of the participants within the context of their master status was facilitated by a professional organisational subculture. This subculture highlight collective professional shared norms, values and beliefs that exercised power over participants in their collective function as stigmatisers.

From this viewpoint the collective actions of professionals within this organisational subculture represent the established norms evident within society that depict the teenage parent as stigmatised. These collective actions served to create a structural

context or setting that constrained teenage parents' agency as service users. This constraining influence was particularly evident in participants' accounts of experiencing a culture of disdain in which actions by some healthcare personnel expose negative and derogatory commentary as well as unhelpful practices directed toward participants.

From this viewpoint the social settings of child and family healthcare services that provided unuseful [unready to hand] services failed to provide a safe environment that enhanced participants' social capital. Instead, these settings echo Bourdieu's (1977) ideal of domination in essence only serving the needs of users that fit the settings' notion of 'normal'. However, for service users, such as teenage parents who did not fit this normative framework their interactions within this type of healthcare setting represent processes of trying to negotiate and indeed resist these settings' normative power.

A consequence of existing within this type of normative setting was that participants were exposed to exclusionary practices that negated their function and rights as service users. These practices were particularly evident in accounts of feeling invisible in their encounters with service personnel, of not being heard or listened to and of their concerns not being addressed. These types of practices served to diminish participants' opportunity to utilise services as a network of support that could serve toward the achievement of participants' future directionality. Instead this type of setting diminished participants' social positioning to that of invisible or non-person. Thus, it is suggested that through collective functionality unuseful [unready to hand] services represents an oppressive social structure which diminishes participants' opportunity by negatively impacting on their rights, goals and ambitions.

The child and family healthcare setting has thus far been debated in the context of participants' encounters with healthcare personnel. These encounters have revealed the impact this setting as a social structure had on participants' sense of right, value and future directionality. However, a further consideration in the context of entering this setting revealed in this study's findings was participants' encounters with fellow

service users. Participants revealed in this study's findings a sense of prevailing disapproval from fellow service users whom they viewed as 'normal' parents. This sense of disapproval was revealed in the participants accounts of being looked down upon by other service users whom they described as older, more mature and 'normal' in comparison to them as parents. This sense of disapproval was particularly evident during shared encounters attending clinic appointments and during hospitalised periods.

The sense of comparison to others debated earlier within psychobiography reveals comparison with fellow service users that affirms for participants their personal sense of self as lesser than, different and stigmatised. In the context of the healthcare setting interactions with fellow service users acted as a further negative social force on participants' sense of self. This force depicted the unspoken social norms felt by participants as disapproval (Goffman, 1963). This sense of disapproval represented an established form of organisation that placed participants as teenage parents in the social position of 'lesser than' and mature parents in the position of 'normal'. In this context fellow 'normal' service users represent for participants a historically embedded structural force that denigrate their position, representing a form of power over (Lukes, 2005) participants shaping their sense of self-worth as service users. This sense of reduced self-worth reflects a diminished sense of personal agency in sharing the contextual space of the healthcare setting with fellow 'normal' service users.

Thus, participants' interactions with healthcare settings which they define as unuseful [unready to hand] and with fellow service users whom they feel disapprove of them resulted in avoidant actions. These actions expose the self-protective agency of participants culminating in avoidance of services that provide a setting of feeling stigmatised and different. From this stance participants enact what Goffman (1967) depicts as 'avoidance rituals', choosing in their role as service user to refrain from accessing, using and interacting with unuseful services. This avoidance resulted in participants' diminished self-efficacy (Bandura, 1982) in achieving their personal goals and ambitions for both themselves as future parents and their child/ren's wellbeing). This type of service setting highlights a social structure that constrain

participants' possibilities reflecting a form of control over participants through the deployment of a healthcare resource that negate their rights as health service users.

#### **8.4.4 An Ideal Healthcare Setting- Enhancing Social Capital**

While, the aforementioned debates of social setting relate to the actual healthcare settings encountered, participants' also reveal their views of an 'ideal' service that reflect key aspects of useful [ready to hand] services encountered. However, beyond aspects reflecting useful [ready to hand] services of being listened to and heard participants also revealed further needs. These needs include being provided with different timeframes separate from older parents to attend clinics, classes and support groups. Provision of information tailored to address their unique needs as young parents and service personnel who were prepared educationally and willing to work with teenage parents in a person centred manner.

In considering the participants' ideal service setting it is suggested that what they reveal is their need for a sense of security and belonging in wanting services specifically tailored to their needs as teenage parents. This requirement for belonging and security arguably reflect participants' present insecurity in interaction with unuseful [unready to hand] healthcare settings that do not address their needs and has compromised their ability to build on their social capital.

Bourdieu's (1983) concept of social capital (see chapter 4.3.3) is useful to highlight the participants' accounts of the ideal service and their situational agency/disposition. Bourdieu's focus on social capital in terms of social networks, connections and relationships that serve as a resource in building one's agency/disposition is considered. Participants' aspiration of the ideal service setting expose their need for social capital that enhance their situational agency/disposition [habitus] to one of being valued, respected and supported within the healthcare setting/environment. The participants' ideal service setting has the potential to transpose their current social and cultural disposition from lesser than, different, stigmatised and othered to equal, same and normal. In presenting this argument I draw on Bourdieu's (1983) notion of social capital that acknowledges the individual's opportunity to utilise networks of support to achieve their goals and

ambitions. In the context of participants ideal service provision I suggest that the collective, collaborative actions of a supportive, facilitative network of services focused on their unique needs as a service user offers the means by which participants could utilise services as a resource to achieve their goals and ambitions.

However, Bourdieu's (1983) notion of acquiring social capital through the adaptation of individual and collective strategies employed by people offer a particular challenge for the teenage parent as a service user. Bourdieu (1983) argued that the acquisition of social capital incorporated firstly the capacity to establish relationships with others and secondly capacity to understand how these relationships can be maintained and used as a resource. If as Bourdieu highlights the capacity of persons to gain social capital is required to acquire social capital then in the context of this study's findings the imperative for teenage parents to have the support of services and others becomes crucial. This imperative reflects the key function of services and others in the participants' world acting in the capacity of facilitator and enabler in assisting the teenage parent to acquire social capital. This acquisition I argue could be made possible through the enactment of collaborative relationships that enable and facilitate the achievement of participants' personal goals and ambitions.

Therefore, within this study the possession of social capital for participants reflects their ideal of being valued, respected and supported as service users while also being supported and aided to achieve future ambitions and goals as young parents. From this viewpoint the ideal healthcare setting reflects a context that offers participants an environment in which they can develop and build their personal social capital. The means through which they acquire this type of capital is arguably in the context of the relationships they build with healthcare personnel and in the provision of settings that honour them as service users. In essence both useful [ready to hand] services and the participants accounts of the ideal service reveal a setting that has the potential to enhance and develop the teenage parents social capital in reaching their future potentiality as a parent and a human being.

While, the debate thus far has highlighted the social settings related to child and family healthcare settings a further setting revealed within the context of this study was that of family.

#### **8.4.5 Family Settings- Enabling, Supportive and Non Judgmental**

Participants highlight within the theme ‘being supported and helped’ the importance of the family context in providing an environment that offers help and support in meeting their individual needs. In the context of this theme participants made particular reference to the role of their own mothers and other family members in providing help and support. For participants who had partners they highlight in the context of the family environment the important role partners play in offering support and practical help. From this perspective the family setting expose a prevailing supportive environment provided to participants. Coleman’s (1988, 1994) ideal of social capital (see chapter 4.3.3) as a resource offers a means to debate this aspect of the participants’ social setting. For Coleman (1994, p.300) social capital reflects

*the set of resources that inhere in family relations and in community social organisations and that are useful of the cognitive or social development of a child or young person. These resources differ for different persons and can constitute an important advantage for children and adolescents in the development of their human capital.*

From this viewpoint in the context of participants being young parents transitioning not only as adolescents but also to the role of parent the supportive setting provided by the family environment would appear to be an imperative for participants. Participants accounts of their parents advocating on their behalf with healthcare services, providing a family context that supported their choice to continue with their pregnancy and providing ongoing support after pregnancy was crucial to both their child/rens’ and their own wellbeing.

Within the context of this setting participants’ social capital was enhanced through the acquisition of a status that was valued, respected and indeed loved. Their goals and ambitions were also enhanced through the supportive actions and agency of their parents acting in their capacity as advocates with healthcare services. This family setting reveals a context that through supportive family relationships negated the

effects of prevailing social norms of teenage parenthood. This effect was replaced with person centred care that reflected an innate in depth understanding of the teenage parent as a valued family member.

This setting increased the teenage parents' sense of self-efficacy through the function of the family as a social network that affirmed for participants a positive sense of self image, identity, efficacy and competence. This positive sense of self negated the sense of self developed through interactions with others in the broader social world and healthcare setting.

The literature highlights the importance of family support for teenage parents where in the majority of cases the family context reflects the resource for emotional support that enhances self-efficacy (Bandura, 1982). This sense of enhanced self-efficacy serve to increase the teenage parents' sense of self competence in parenting facilitated through the figures in the family setting who hold a positive regard of the teenage parent. Bandura (1982) proffered that the attainment of self-efficacy develops through a set of key influences; successful performance attainment of a task, vicarious experience gained through role modelling processes and positive affirmation from others. Within this study the family context offered these key elements that provided to teenage parents the resources by which they could develop and further enhance their sense of efficacy and competence as a parent. The participants' depiction of the support provided by parents and partners in the family setting expose a strong sense of positive regard toward them as well as the provision of practical childcare support and help. From this viewpoint the family setting reveals a positive social force that serves to enhance participants' sense of self, efficacy and competence as a parent. This supportive setting provides the means by which the teenage parent can strive toward their future goals, aims and ambitions and enhance their personal social capital.

However, it is also worth noting that in the context of this supportive family setting the role of partners who were depicted as positive supports within the home environment was negated on entering the unuseful [unready to hand] healthcare setting. Within this setting the partners' role was denigrated to one of non-person.



Participants' accounts reveal partners being excluded, dismissed and treated as if they were not part of the process of being a service user. These exclusionary practices served to obliterate a key form of family support that enhanced in particular the well-being of the teenage mother and their child/ren. These practices detracted from the capacity and capability of both teenage parents to acquire the social capital they needed to operationalise as an effective family unit. In this regard unuseful [unready to hand] healthcare settings extended its negative social force to impact on the family unit and on the future competence of both parents to achieve their future goals. Its influence undermines the potential for both parents as a family unit to achieve both efficacy and competence and in turn deters the opportunity of both parents to enhance and develop their future skills as parents

This domain has debated the key social settings participants reveal influence their experiences both as a teenage parent and service user. These key settings include the healthcare setting that provides a service that is either useful [ready to hand] or unuseful [unready to hand] in meeting their needs as a service user. From the perspective of healthcare settings what has been exposed is the potential influence these settings have to either enable or constraint participants' existence (Layder, 1997) as service users. These influences reveal the power of organisational structures through the enactment of either person centred or non-person centred care delivery to influence the future directionality of participants as teenage parents. Of particular note in the context of these types of settings is the particular influence of professional subcultures that negate the organisational focus of person centredness in the provision of a service that views the teenage parent in accordance with their master status as different, young, stigmatised and othered.

By contrast the depiction of the ideal service provision revealed a sense of participants' needs in valuing a person centred ethos and in the provision of a service that enhanced their personal social capital in achieving their present and future goals. From this viewpoint the healthcare setting represents for the teenage parent an environment that has the potential to either empower or disempower their rights, role and function as a service user. This setting therefore represents a powerful structure

that has the potential to exert influence either negatively or positively on the participants' present and future existence as teenage parents.

Another key setting revealed by participants was that of the family environment that provided for the participants an enhanced sense of self-efficacy and competence in their role as a parent. In the context of this particular setting what has been revealed is the overarching positive influence unconditional positive regard; role modelling and family support has on the future intentionality of participants. This setting negates the experiences of participants in which their sense of both personal and social stigmatisation was made evident. In the context of this setting the ethos of person centeredness is brought to the fore with both participants' parents and partners facilitating the development of self-efficacy and competence as parents.

Perhaps what is interesting in the context of the social settings depicted by participants' is the capacity of these settings to influence their existence in achieving their future goals and ambitions. Layder (1997, p.3) argues that

*the behaviour and practices that occur with them [social settings] are underpinned by an elaborate social fabric of rules, understandings, obligations and expectations..... the domain of social settings is characterised by a concern with (reproduced) social positions, practices and discourses as well as forms of power and control*

From this viewpoint these settings and their influence act as a form of contextual resource that either positively or negatively influences participants' future directionality. This resource is clearly open to the influence of broader social understandings of the teenage parent. How this colonisation of broader social understandings impact on teenage parents as service users is dependent on whether or not person centred care is enacted in these settings. It reveals a settings resource that therefore has potential power to control the future directionality of participants by either empowering or disempowering their situational activity as a service user and parent. From this viewpoint the settings debated reveal powerful social structures that have potential to impact either negatively or positively on the teenage parents' existence.

Extending beyond these immediate social settings the participants' existence is also influenced by the contextual resources available to them in their 'being in the world' as a teenage parent and service user. These resources are closely intertwined with the participants' psychobiography, situated activity and social settings debated in the previous domains. Thus, the final domain of contextual resources reveal the underpinning social fabric of discourses and understandings that served to shape the participants' experiences of 'being in the world' as a teenage parent service user.

### 8.5 Contextual Resources

From Layder's (2004) viewpoint contextual resources represent the most general social influences on the person. From this stance society wide influences such as inequalities of material and social capital formulate part of understanding the human being's contextual resources. A further viewpoint proffered by Layder (2004, p 48) is the understanding of contextual resources reflecting "*stored knowledge*". This stored bank of knowledge reflects the backdrop to the individual's existence and includes knowledge created from sources such as culture and ideology. From this viewpoint contextual resources have the potential to influence and impact of the human beings social destiny and capacity. Layder (2004, p.48) thus argues that contextual resources

*influence individual behaviours by providing general cultural parameters in the form of expectations, customs, tradition, mores, habits rules and so on. But they do so by linking in with settings and situated activity that mediate and mutually condition their influence.*

Layder's (1997) depiction of contextual resources includes two key elements; material and cultural resources. In considering the participants' cultural and material resources mediated through their situated activity and social settings I firstly return to the overarching influence of social norms. Thus far it has been argued that these norms have served to shape and influence participants' sense of personal and social self, situational activity and social status. From this viewpoint I argue that the cultural systems within which these norms are reproduced served to diminish participants' status as a teenage parent and a service user.

### **8.5.1 Embodied Experiences- Labelled as Problematic**

As previously debated (see chapters 1.8 and 2.4) the understanding of the teenage parent both internationally and nationally is highly problematic (Geronimus, 2003; Duncan, 2007; Jones, 2011). For the Irish teenage parent this problematisation is shaped by historical discourse of religiosity and morality and current discourse linked with welfare dependence (Hyde, 2000; Myers, 2005; Power, 2011, Luddy, 2011). For the participants in this study this “stored knowledge” impacts on their lived experience as a teenage parent in their world and as a service user. This knowledge has served to create a cultural field in which their access to material resources is negatively impacted upon.

Bourdieu’s (1979/1984) concepts of fields, habitus and capital (see chapter 4.3.3) offer a vantage point to consider these social influences. Society represents a social network of fields such as family, religion, employment that depict structured systems. These structured systems include social positions that are ordered in terms of power relationships. The social positions within these cultural fields are the vantage point from which individuals negotiate resources and construct identity. For the participants in this study their cultural field is shaped by social norms depicting social constructions of the teenage parent as problematised. This social understanding has served as an overarching ideology that impact on the participants’ existence as a teenage parent.

Bourdieu’s (1977) concept of ‘relational thinking’ depicts how the everyday world and identity formation is mediated. For participants in this study the sense of self reveals an internalization of social norms, values and beliefs linked with teenage parenthood that shapes their sense of existence as a problematic entity. This perceived status is affirmed by the social context in which these parents exist. Teenage parenthood labeled in the Irish context by discourse of morality, religiosity and welfare dependence (see chapter 1.8) influence participants’ opportunity to secure material resources and enhance their social capital. This context conferring these labels creates a cultural field in which participants are arguably stripped of their personhood and recognised as lesser than. Assumptions shaping the understanding of these parents create a series of cultural barriers affecting their

future intentionality. Thus, for the participants in this study their cultural field of being socially problematical influence their habitus (disposition) reflecting a classed status of lesser than. This social disposition I argue directly impacts on the participants' agency to draw on limited resources available to them as teenage parents and service users.

The classed disposition of teenage parents in this study of lesser than I suggest reveals disparity in terms of opportunity to access resources. This accessibility is shaped by their level of social capital which is impacted upon by their social disposition. As debated earlier (see chapter 4.3.3) Bourdieu's ideal of social capital consists of relationships and networks of influence and support that people can avail of by virtue of their social position. For the Irish teenage parent their existence shaped by historical, social and political discourse positions them as lesser than. It reflects for these parents a suite of social sanctions that negates their opportunity to elicit social support from institutions such as welfare, education and particularly reflecting this study's focus healthcare.

With regards to securing financial support participants in this study highlight their future directionality in wanting to secure financial independence depicted in the theme 'being supported and helped'. However, their capacity to secure this material resource appears to reflect a sense of social sanction exposed in participants own perception of these services and shaped by their social status as teenage parent. Participants expressed a sense of fear in negotiating with welfare services for their entitlements. This fear was shaped by their sense of not been heard or valued by these services because they were young parents. They expressed a sense of fear linked with negotiating their welfare rights because they viewed application processes as complex and difficult to understand. This fear of negotiating with welfare services negates their potentiality to secure financial support made available by this service for both themselves and their child/ren.

With regards to the discourse creating these participants position as welfare scrounger, the ever evolving neo liberal Irish society in which productivity is valued further serves to devalue their status (Myers, 2005; Power, 2011; Crosse and Millar,

2015). Their socially stigmatised status depicting these parents as breaking the norms of a society in which paid employment is valued and welfare dependence is scorned acts as a constraining social process (Fahey and Keilthy, 2013; Crosse and Millar, 2015). While welfare support offers a certain level of support and assistance to teenage parents, it also perpetuates their status of existing in poverty (Fahey and Keilthy, 2013; Crosse and Millar, 2015). The impact of the ongoing economic recession has propelled lone parent families further into poverty with cuts to both child benefit and social welfare (Department of Social and Family Affairs, 2011; Fahey and Keilthy, 2013; Crosse and Millar, 2015). Irish lone parent families represent a population group that have the lowest disposable income (see chapter 1.8) (CSO, 2010b, 2012; Fahey and Keilthy, 2013; Crosse and Millar, 2015). This finding characterises the participants in this study as likely to live in poverty which directly impacted on their aspirations to achieve future goals. Participants' depiction of surviving on welfare highlights their context existing with this limited financial support with resultant material poverty. Their restrictive welfare provision served to create inequality for them in pursuing future goals and ambitions. Opportunities to complete their education, obtain adequately paid employment and future financial security was shaped by presently existing in poverty. Participants therefore face challenges within the Irish context with regards to opportunity to change their existence of being welfare dependent. The opportunity to pursue educational goals is constrained by their categorisation as a high poverty family type. Their social reality in managing parental childcare responsibilities combined with childcare costs impacts on their aspirations to pursue educational goals and secure employment. Parental responsibility impact on opportunities to continue educational goals resulting in early school leaving for these young parents (Byrne et al, 2008; Treoir, 2011). In Ireland early school leavers without formal qualifications have the highest level of unemployment (Byrne et al. 2008). Teenage parents with incomplete post primary/ secondary education represent almost double the national average of 11.7%, reflecting their predisposition toward future unemployment and poverty (Treoir, 2011). For the Irish teenage parent early school leaving and limited educational attainment coupled with parental responsibility limits their life opportunities predisposing them to becoming marginalised within their social context (Riordan, 2002; Berthoud and Robson, 2003). From this perspective in this

study the participants' opportunity to secure their future social capital through completion of their education is compromised without appropriate support. This support needs to reflect a multiagency focus acknowledging broader determinants that impact on Irish teenage parents' opportunity to complete educational goals and secure financial stability. For the participants in this study their need to be able to negotiate with welfare services, pursue future education goals and fulfil future ambitions resonates with the literature that highlight a need for a multiagency focus to supporting these teenage parents (Dempsey et al, 2001; Riordan, 2002; Riordan and Ryan, 2002; Treoir, 2011).

However, with the exception of the family context and the healthcare setting depicted as useful/ready to hand (see sections 8.4.2 and 8.4.5 of this chapter) I suggest that the participants in this study reveal a sense of positional suffering shaped by their social context.

### **8.5.2 Positional Suffering- Social Positioning and Misrecognition**

Bourdieu et al (1999) acknowledge positional suffering shaped by the impact broader societal structural influences have on the individuals lived experience. It acknowledges the manner in which the individual's social position is determined and shaped by broader society. For the participants in this study, they experienced positional suffering firstly shaped by societal views of them as problematised, secondly in their embodiment of these views shaping their sense of self and thirdly by the reality of their articulated existence as teenage parents in the world.

Participants' embodied experiences as problematised also shape their ability to negotiate material resources within the healthcare context. This capacity to avail of healthcare as a material resource is dependent on the healthcare setting enacting supportive person centred practices. In instances of receiving an unuseful (unready to hand) service previously depicted as non person centred care, this context colonised by the understanding of the teenage parent as problematic acted as a constraining entity. These types of services contribute toward participants' positional suffering by placing them within the master class of different, young, stigmatised and othered. From this cultural field of oppressive non-person centred practices the participants'

capacity to acquire social capital as a service user is negated. Their opportunity to secure their rights as a service user is regulated by the actions of providers who place them in a status of non-person. This exposes the power of this field to constraint participants' rights to avail of services as a material resource.

The colonisation of the healthcare setting impacting on collective understanding of these participants as health service users represents misrecognition of them. Participants in this study challenge several conceptions of the social viewpoints shaping understanding of them as a social group and as health service users. Participants' in this study clearly articulate their wish for support from services in acquiring the skills and knowledge to develop and grow as parents. They therefore want to be heard, valued and respected as service users. They recognise that while they are young and new to the role of parenthood, they want to be supported in taking on their parental responsibility. For the participants seeking this support I suggest their symbolic capital reflecting their social reputation and position of lesser than negate their rights to receive a person centred service from unuseful (unready to hand). From this perspective unuseful (unready to hand) services reflect a constraint placed on participants that perpetuated their positioning suffering as teenage parent service users

### **8.5.3 Fields of Opportunity provided through Enablement**

Fields are represented by the actors that inhabit these fields and the interaction or relationship between these actors (Bourdieu, 1979/1984). The healthcare field is occupied by teenage parents as users and professionals as providers and represents an opportunity for enablement dependent on the provision of person centred care. In the healthcare setting where person centredness was evident a cultural field was created in which the participants' equal citizenship enhanced their social capital. This enhanced social capital was created through positive collaborative interactions between participants as users and professionals as providers that focus on participants' individual needs.

Another form of enabling support identified in this study's findings debated earlier (see section 8.4.5 of this chapter) was the family setting. For the participants in this



study this setting makes known a contextual resource that encompasses a key source of both emotional and social support. This setting provides a material resource that facilitates these young parents to pursue their future goals and ambitions offering practical assistance and supports such as child minding. This setting represents a cultural field in which participants were valued, supported and positioned as equal. From this perspective the family setting provides cultural, social and material resources to these young parents that enhance their future life trajectories and diminish their risk of future positional suffering. This context echo the principles of person centred care recognising the unique individuality of participants. From this perspective the family context represents an enabling resource for this study's participants.

Bourdieu (1979/1984) highlights the interconnectedness between different types of capital in which the individuals' position shapes their opportunities. These opportunities provided through education, income and social ties mutually reinforce and sustain the persons' social position in the world. For the participants in this study, their contextual resources predominantly serve to perpetuate their social positioning as that of lesser than. This constraining effect serves to limit participants' cultural field to one of being labeled as deviant, stigmatized, different, other and young parent. This reproduced positioning further serves to constraint the participants aspirations to move from this commonly understood social position to one of equal citizen.

However while this positioning represents a strong determining force, I suggest the agency of participants in this study in attempting to resist their commonly understood position, to challenge prevailing norms and to assert their rights particularly as healthcare users negates some constraining effects .Where participants are supported especially by the contexts of supportive family and healthcare environment their social positioning is negated and their overall capital from a cultural, social and symbolic perspective is enabled. Thus, there is a need to consider the value and imperative of a person centered ethos that is already evident in the supportive environments depicted. I therefore suggest a focus on person centeredness

has the potential to negate the constraining effect of positioning the teenage parent as problematic and has the potential to enable participants as young parents.

## **8.6 Conclusion**

This chapter has explored the participants' lived experience of being a teenage parent and service user in the social world. It has exposed the possible causative mechanisms in the participants' social life that has contributed to their experience of being a teenage parent and a service user. Ideological social norms within the participants' social world would appear to be an overarching influence in shaping this existence. This influence appears to have permeated participants' personal, interactional and contextual space exposing a social milieu that involves a struggle for participants in challenging the effects these norms have on their existence as young parents.

The potential power of others to shape participants' existence has been exposed as both a potential enabler and constraint. This was particularly evident in the participants' interactions with child and family services which they deemed useful or unuseful. The key denominator as to whether services were useful or not appear to be grounded on whether the service model of care is person centred or not. In instances of receiving a person centred service this acted as an enabler to participants empowering them to achieve personal future goals, aims and ambitions. In instances of receiving non-person centred services this acted as a social constraint serving to disempower participants' diminishing their sense of self efficacy, contributing toward their stigmatisation and differentiation. From this perspective it is argued that this chapter has revealed a sense of dependence by participants on how others viewed them shaping their existence acting as either an enabler or a constraint within their social world. The following chapter now discusses these findings exploring their implications for practice, education and research.

## Chapter 9: Discussion

### 9.1 Introduction

This chapter presents discussion of this study's findings and their implications. First the research questions are answered in the context of what has been revealed from both Heidegger's phenomenological and Layder's critical realist focus. As such, the meaning of the subjective lived experience is explored through answering the following research question.

- What is the lived experience and meaning of being a teenage parent service user of universal child and family health services?

The discussion then addresses the subjective and objective realm of the possible causative factors influencing the meaning of this lived experience through answering the following question.

- What affect has engagement with child and family services had on the teenage parent as a service user?

From this perspective the discussion centres on enablers and constraints, debated in chapter eight that affected participants' existence as service users.

Then the discussion explores the implications of this study's findings answering the final research question

- How can child and family healthcare services work effectively with teenage parents as service users?

In answering this final question the findings are considered in context of person centred principles (see chapter 1.9). The rationale for doing so is twofold; firstly, person centred care delivery formulates the overarching ethos and directive in Irish healthcare policy (DoHC, 2001a, 2001b, 2012). Secondly, the presence or absence of person centred care is one of the key denominators revealed in this study's findings which shape the participants' existence as service users as one of either enablement or constraint. As such, the enactment of person centred practices has the potential to positively impact on the teenage parents' experience of being a service user serving to both enhance and empower this existence.

## 9.2 What is the lived experience and meaning of being a teenage parent service user of universal child and family health services?

This research question focuses on explicating the meaning of being a teenage parent service user. It illuminates the emic perspective revealing this lived experience. The overarching aim was to expose their care structure, in Heideggerian terms, the care structure exposes what is of importance or matters to participants as teenage parents and service users (see chapter 3.5.9). In answering this first research question I debate the participants' care structure relating these phenomenological findings to the literature.

The phenomenological findings reveal three main themes, being in the world of the teenage parent, encounters with service entities as a user and being supported and helped. These themes (see chapter seven) were underpinned by Heidegger's philosophical interpretive phenomenology acknowledging his construct of 'being in the world' (Heidegger, 1927/2011). From this stance Dasein, [that is this study's participants] in their existence as 'teenage parent service users' was made known. A focus on their 'being in the world' as teenage parent service users was emphasised with the view that "Dasein is a being whose Being is an issue for it...who understands itself in its Being" (Heidegger, 1927/2011, p 32). This stance guided the exploration of the phenomenon of 'being a teenage parent service user' in explicating the participants care structure.

Heidegger's 'worldhood of the world' representing the fundamental structure of 'being in the world' (see chapter 3.5.3) underpinned the representation of the participants' views and experiences (Heidegger, 1927/2011). The phenomenological findings reveal the participants' 'being in the world' as a teenage parent service user through their 'concernful average everyday' interactions with their world (Heidegger, 1927/2011, p.40). In presenting participants 'concernful average everyday' interaction the findings reveal participants' purpose and potentiality as to what they care about with regards to 'being in the world' as both a teenage parent and a service user. This has exposed what participants care about, their sense of purpose, as well as what they value and want as teenage

parents and service users. The subsequent section discusses the participants' care structure in context of this study's phenomenological findings and the literature.

### **9.2.1 What participants' care about as teenage parents and service users**

The theme 'being in the world of the teenage parent' highlights participants' existence firstly from an interactional and secondly from a future directional perspective. Heidegger's structure of 'being with' expose participants' shared existence with others in their world (see chapter 3.5.5). His structure of 'being toward the future' presents participants' future directionality with regards to their future aims, goals and possibilities as teenage parents (see chapter 3.5.6). Heidegger's ideal of 'thrownness' (see chapter 3.5.7) in becoming and being a teenage parent reveal the participants' sense of 'being toward the future' in choosing to continue their personal focus on achieving their future aims and in developing their skills with regards to parenting. Participants' future directionality is revealed in the context of existing with others [the they, Das Man] whose influences shape their sense of self as a teenage parent (see chapter 3.5.5).

This sense of self reveals participants' viewing themselves as 'being young' and 'being different' in comparison to what they view as 'normal' parents. Participants' understandings of normal parenthood include those who are more mature when entering the world of parenthood. Participants' portray a sense of difference in comparing themselves to those they view as normal parents. This sense of self has impacted on how participants' felt services treated them describing 'being treated differently by services' because they were young and less mature in comparison to 'normal parents'. The notion of 'being treated differently by services' echoes Heidegger's structure of "fallenness" which depicts "an absorption in being-with-one-another" in the world (see chapter 3.5.6-Heidegger, 1927/2011, p 220). In context of this theme, "fallenness" reveals how views of others depicting broader societal norms and values linked with 'normal' parenthood has impacted on participants' sense of self and differential treatment as a service user.

Participants expose their sense of purpose in challenging these viewpoints. From this perspective this theme firstly reveals their care structure in wanting to achieve a

better future for both themselves and their child. In striving toward these future goal participants reveal wanting to be valued and respected as a parent by others in their world. This theme, therefore, presents the participants' resistance to societal norms linked with parenthood in striving toward what Heidegger refers to as authentic existence (see chapter 3.5.6-Heidegger, 1927/2011).

This particular finding highlights congruence with the literature that identifies adolescence as transitional and teenage parenthood as problematic (see chapter 2.3 and 2.4). With regards to adolescence being viewed as a transitional life stage, this is regarded as a period which encompasses viewing the capabilities and capacities of the adolescent as being transitional between that of child and adult (Macleod, 2003). These capacities include debates with regards to the adolescent's cognitive capability linked with decision making skills, irrationality and risk taking (Lerner and Galambos, 1998; Steinberg, 2004, 2007; Lerner et al., 2005). In context of the sense of self exposed in this study's phenomenological findings the participants' accounts of being viewed by others as young in some instances reflect this debate of capacity and capability. Participants' accounts of being treated differently by services reveal a sense of congruence with this literature in that they were viewed as young, lacking cognitive capacity and poor decision making skills in that they had become and were young parents. From this viewpoint, the teenage parent in this study are categorised by others as being developmentally immature lacking full adult capacity and capability to be a parent.

However, how participants in this study saw themselves challenged this viewpoint. This challenge is congruent with the developmental discourse literature that advocates positive potentiality linked with adolescence (Lerner et al., 2005; Steinberg, 2007). Lerner et al's (2005) focus on positive youth development (see chapter 2.3.4) highlights the importance of a supportive approach in recognising both the capacity and capability of the adolescent during this life stage in adapting positively to adulthood. Similarly, Steinberg's (2007) focus on decision making capacity has shown that adolescents have decision making skills comparable with adults with their context being an influential factor on decision

making processes. This focus on positive developmental potentiality would suggest that the adolescent who is a parent, has possible capacity and capability similar to the adult, dependent on their context. This would therefore suggest the teenage parents' context is an important consideration in addressing their potentiality linked with developmental capacity and transitioning to parenthood (see chapter 2.3.5). This viewpoint appears to concur with the participants views in this study who themselves recognise they are young parents and highlight their need for help and support to develop as parents.

The literature representing teenage parenthood as problematic (see chapters 1.8 and 2.4.2) exposes a strong sense of congruence with the sense of self revealed in this study being viewed of by others as young to be a parent. This problematisation is linked with fertility timing presenting pregnancy and parenthood as untimely for the adolescent/teenager within the lifespan (Maynard, 1997; Wilson and Huntington, 2006; Koffman, 2012). In this study this problematisation resonates with the participants' sense of being viewed by others as young to be parents. This study's findings echo the literature with regards to social sanctions being placed on persons who do not conform to social norms (Graham and McDermott, 2005; Duncan, 2007; Koffman, 2012) (see chapter 2.4.2). In this study's findings this sanction is grounded in their experiences of being treated differently as service users. This differentiation of treatment appears to be grounded in how they were viewed both developmentally and in terms of defying social norms. From this viewpoint, participants were regarded as too young to be parents and treated as lacking adult capacity and capability to parent. This view and treatment by others contradicts the views participants have of themselves. The sense of self they have made known in this study is that they want to be seen, valued, respected and understood as young parents. They want to be supported as young parents in terms of developing their skills and knowledge. What they clearly do not want is to be treated differently or viewed as having childlike capabilities. From this perspective the participants have revealed their resistance toward how they are viewed by others in seeking authentic existence and recognition as a parent.

The resisting sense of self revealed in this study's phenomenological findings in striving toward authentic recognition resonates with the literature that recognises adolescent capability and capacity (Lerner, 2005; Steinberg, 2007). It also concurs with the revisionist perspective of teenage parenthood (see chapter 2.4.4). This outlook challenges prevailing views of teenage parenthood as problematic (Geronimus, 2003; Seamark and Lings, 2004; SmithBattle, 2007). Instead it reveals, similar to the development discourse debated earlier, that both context and opportunity are problematic as opposed to fertility timing (Geronimus, 2003; Seamark and Lings, 2004; SmithBattle, 2007). This perspective presents teenage parents as having both capacity and capability to be parents with societal values shaping whether or not this is a normal period in the life stage to become a parent (Geronimus, 2003; Elder et al, 2003). This highlights the teenage parents' context as influential highlighting contextual support as being an imperative to socio economic outcomes, parental capacities and capabilities (SmithBattle, 2000, 2007; Duncan, 2007). Reflecting on this study's findings participants' authentic existence, focusing on their capacity and capability to achieve future goals, could firstly be enhanced through knowing who participants are as individuals. This would involve recognising their personal values and working with participants to enhance this sense of self. It would include focusing on positive support and acknowledgment of participants' individual context as advocated by the revisionist and developmental discourse literature.

The aforementioned theme reveals participants' sense of striving toward authentic existence despite being viewed of as different because of being young. The theme 'encounters with service entities as service users' illuminate both the challenge's and support's they encounter with regards to striving toward this form of existence. Participants reveal two opposing sets of experiences in this theme, that is; being treated equitably and fairly and conversely being treated differently because of being young. From a Heideggerian perspective this theme exposes participants' 'encounters with entities in the world' (see chapter 3.5.4) demonstrating what is of significance for them in engaging with services. This significance demonstrates the value participants place on services that address their needs as users exposing



useful [ready to hand] or unuseful [unready to hand] services. Thus, the status participants' ascribe to services being useful or unuseful expose their purpose in availing of and engaging with services.

Illuminating this purpose echoes Heidegger's notion of 'circumspective concern' exposing the reason or purpose, "*for the sake of which*" participants interact or engage with services (Heidegger, 1927/2011, p. 79). In uncovering this aspect of the participants' care structure what has been made known is the value participants' place on receiving a service that offers them help and support. The particular type of support and help participants' value is that which assists them in achieving their future directional goal of being a competent parent. This purpose of achieving competence also reveals the value participants' place on services that do not distinguish them as 'being young'. In not being distinguished as young parents, participants expose the value they place on receiving a fair, just and equitable service provided by service personnel who display a caring, compassionate, understanding attitude toward them.

This theme also made known participants' care structure linked with their representation of 'ideal' service provision for teenage parents. This ideal service revealed the value participants place on being listened to and heard as service users. Participants expose the worth they place on receiving a service that is tailored toward their unique status as young parents. This includes provision of different timeframes to attend services and tailoring of information to address their specific needs as teenage parents. Participants also reveal the importance they place on receiving services from personnel who understand their needs and are willing to work with them in an unbiased, fair and equitable manner.

Predominantly what this theme reveals is a strong sense of wanting to be effectively supported and helped by services. From this perspective this theme exposes participants' purpose in availing of services. It exposes their care structure linked with their future directionality in wanting support and help to become competent parents in order to effectively care for both themselves and their child.

In considering what this theme has revealed there is congruence with the literature with regards to the participants sense of purpose in valuing a supportive service context (see chapter 2.4.6) (Jacobson et al., 2001; Oberg et al., 2002; Klostermann, 2005; Marcell & Halpern-Felsher, 2005; Schaeuble et al., 2010). This supportive context is revealed in the literature as encompassing a healthcare setting that includes teenage parents valuing care processes of both trust and respect from the service provider (Jacobson et al., 2001; Oberg et al., 2002; Klostermann, 2005; Marcell & Halpern-Felsher, 2005; Schaeuble et al., 2010). The literature reveals the importance within the user provider relationship of trust and respect involving effective communication, openness, transparency and non-judgmental treatment (Jacobson et al., 2001; Klostermann, 2005; Schaeuble et al., 2010). Of particular importance is the emphasis participants in this study place on receiving a non-judgmental service, provided by personnel who displayed a caring, compassionate attitude toward them as service users. This clearly resonates with the literature that highlights the importance of service personnel displaying a non-judgmental, caring, compassionate attitude toward teenage parents (Klostermann, 2005; Schaeuble et al., 2010). The literature reveals this type of relationship between provider and user as one in which personal choice and respect enhances the teenage parents' self-efficacy and self-determination (Oberg et al., 2002; Klostermann, 2005; Marcell & Halpern-Felsher, 2005; Schaeuble et al., 2010).

In this study's phenomenological findings the affect professional views had on teenage parents' depiction of services as useful or unuseful for their purpose was significant. This labelling of services as useful or unuseful to their purpose resonates with the literature revealing the challenges they face in dealing with attitudes toward them as service users (see chapter 2.4.5) (De Jonge, 2001; Aujoulat et al., 2010; Ross et al., 2012). From this perspective the literature reveals teenage parents views of health services are shaped by the views professional service providers have of them (De Jonge, 2001; Aujoulat et al., 2010; Ross et al., 2012).

The participants' accounts of exclusionary practices especially of young fathers clearly resonate with the literature depicting teenage fathers being marginalised as

service users in the healthcare setting (Ross et al., 2012). In addition, in this study both mothers and fathers reveal exclusionary practices linked with limited access to support because of lack of consultation, information or advice grounded in how they were viewed as young parents (Aujoulat et al., 2010; Ross et al., 2012). The literature reveals these practices negatively impact on teenage parents' opportunity to receive a fair, just and equitable service (De Jonge, 2001; Aujoulat et al., 2010; Ross et al., 2012). This outlook resonates with the finding in this study in which services operating in a discriminatory manner, providing non-inclusive, inequitable opportunity to avail of services for participants' purpose were labelled unuseful. The provision of unuseful services resulted in participants' avoidance of these types of interactions resulting in both the teenage parent and their children being denied accessibility to healthcare. This highlights the negative impact professional views of teenage parents have on participants' capacity to access support and help from services. It raises the importance of teenage parents receiving a non-judgmental service in being effectively supported and helped as to their purpose and intentionality as debated earlier.

The previous theme reveals the importance participants place on receiving help and support from services. The final theme 'being supported and helped' exposes this care structure as extending beyond services emphasising the importance participants place on receiving help and support from broader services, these being; governmental policy, family, partners and friends. This theme reveals the importance participants place on these wider forms of support in helping them achieve their future goals. It depicts their sense of future directionality in negotiating with broader services, such as, social protection and educational institutions in order to enhance their future security. It also displays the value they place on family support from, in particular, their parents and partners who provide them with a non-judgmental, loving, supportive environment in which they can authentically exist as teenage parents.

These findings resonate with the literature which argues the wide-ranging need of teenage parents to avail of services such as housing, financial, parenting support

and counselling services (Cooke and Owen, 2007; Aujoulet et al., 2010). This literature echoes this study's findings which highlights that teenage parents in accessing and using such services is influenced by their need to be respected, heard, listened to and valued as service users (Cooke and Owen, 2007; Aujoulet et al., 2010). For participants in this study the complexity of negotiating with these other services was expressed as a sense of fear. This was particularly evident in their accounts of negotiating with social protection services. This sense of fear negated their opportunity to access information, advice and financial support from this particular service. The need for tailored information as advocated by participants in this study resonates the literature providing access to information such as parenting skills, housing and financial needs and ongoing supports that could be availed of with regards to being an autonomous parent (Cooke and Owen, 2007; Aujoulet et al., 2010). From this perspective 'being supported and helped' by broader services expose the need for a multi-agency approach in supporting these parents capacity to avail of these services. This form of support needs to acknowledge the challenges faced by teenage parents in negotiating what they perceive are complex, difficult to understand processes such as securing financial or housing rights.

The phenomenological findings have exposed the participants' subjective lived experience of being a teenage parent service user. In the following section I briefly outline the key issues for consideration linked with these findings. These are explored in more depth later in this chapter in considering implications of this study's overall findings as revealed from both the subjective and objective realms of participants' social existence.

### **9.2.2 Receipt of a Fair, Just and Equitable Service for Teenage Parents**

In relation to the first research question, what is the lived experience and meaning of being a teenage parent service user of universal child and family health services by exposing the meaning participants' ascribe to this existence. This has been answered through the explication of the participants' lived experience underpinned by Heidegger's interpretive phenomenology. The particular focus in revealing the

meaning of this subjective experience is to expose the participants care structure, what matters to them as service users. This meaning has been revealed as their future directionality in striving toward authentic existence as future parents.

The authentic existence of the participants has been exposed as wanting to be valued and respected as teenage parents. Of wanting to be seen by others in their world and by services as a parent who needs support and help in achieving their future goals. The phenomenological findings have revealed the need for these parents to be helped and supported in services by personnel in a non-judgmental, unbiased, caring and compassionate manner. From this perspective there is a need for service personnel to have a heightened personal self-awareness with regards to their values linked with teenage parenthood. This study's findings therefore highlight an imperative need to know the teenage parent, to respect their individuality and personhood as young parents. Knowing these parents needs to encompass service providers and teenage parents working collaboratively focusing on the achievement of participants' future goals recognising their need to further develop their self-efficacy. In working collaboratively there is a need to tailor the provision of services recognising these parents' informational, physical, psychological and social needs. These findings make clear the need for services to focus on supporting these parents future direction in terms of self-efficacy and determination. From this perspective a focus on developing participants' present and future capability and capacity as parents needs to be considered. Finally, there is a need to consider a multi-agency approach to supporting these parents including financial, childcare, education and family support. In putting forth these suggestions based on this study's phenomenological findings there is an overarching need to deliver a fair, just and equitable service to these parents.

Having presented this study's phenomenological findings these findings will be discussed further in the context of the second research question. This question reflects both the subjective and objective realm of the participants' social existence. It presents the possible causative factors that have contributed toward the meaning participants ascribed to their existence as teenage parents and service users.

### 9.3 What affect has engagement with child and family services had on the teenage parent as a service user?

As debated above this study's findings reveal the personal sense of self from a Heideggerian perspective as that of being young and different. Layder's (1997) theory facilitated the explication of this sense of self revealing the overarching influence social norms, values and beliefs have in shaping the participants' personal and social sense of self. This predominant influence depicting teenage parents as a problematised entity has served to negatively impact on their personal and social sense of self (see chapters 2.4 and 8.2). This negative impact has resulted in participants' personal self-stigmatisation. It has placed the participants' personal sense of social status as lesser than what they perceive to be normal parents. Social norms, values and beliefs exposed through the participants' social comparison with others have acted as a disempowering social constraint shaping their present and future directionality. It has negatively impacted on their personal care structure, which is of consequence to them as teenage parents and as service users constraining their personal sense of 'being toward the future' (see chapter 7.2.5).

This social force has permeated the interactional domain of these participants' social world shaping their interactions with others. This influence is particularly evident in participants' personal accounts of how they perceive others viewed them as teenage parents. It affirms for participants their personal sense of being young and different. From a Heideggerian viewpoint 'being with others' has exposed the influential affect others have on participants' capacity to enact an authentic existence in wanting to be valued and respected as teenage parents (see chapter 7.3.4). As debated earlier this quest toward authentic existence resonates with the revisionist literature (see section 9.2.1 of this chapter) revealing the participants' self-determination with regards to developing as parents and focusing on their future educational/career goals.

Their situated activity of interacting with others as a service user reveals a social context that has the capacity to either enable or constrain this potentiality dependent on whether or not person centred practices are evident in these healthcare settings.

Participants' encounters with useful (ready to hand) services reveal processes of empowerment in which the participants felt valued and respected as service users (see chapter 8.3.1). Encounters with empowering useful services enhanced participants' 'inner power' facilitated through "*supportive interchanges*" within the user provider relationship (Goffman, 1971, p.108) This highlights the importance placed on the facilitative role of service personnel in providing to participants a caring and compassionate service that minimises their sense of being lesser than, different, stigmatised and othered. It highlights the capacity of a caring compassionate service provision to offer these young parents restorative functionality linked with service personnel honouring and protecting these participants' personhood as service users (Goffman, 1971)

In honouring participants' personhood by acknowledging who they are and want to be understood as, useful services preserve these young parents moral character (Goffman, 1971). As debated in chapter 8.3.1 the preservation of participants' moral character includes acknowledgement of their expressed need to be respected, valued and treated as equals within the user provider relationship. From this perspective useful services that acknowledges this need, recognises participants personhood, individuality and authenticity preserving their rights as service users.

Conversely, in their encounters with unuseful (unready to hand) services participants' reveal processes of being subjugated to the status of non-person, stigmatised and othered (see chapter 8.3.2). Participants' encounters with unuseful services expose the user provider relationship as encompassing stigmatising actions of providers resulting in affirmation of participants' sense of stigmatised status (Goffman, 1963, Link and Phelan, 2001). Within this type of user provider relationship the placement of participants within the master status of problematic serves to disempower their rights as service users (Goffman, 1963). The misrecognition of participants as problematic represents acknowledgement of their "*virtual*" as opposed to their "*actual*" social identity (Goffman, 1963, p. 2). From this perspective participants in their encounters with unuseful services are denied their right to authentic recognition being understood solely in context of how social

norms define teenage parenthood. Participants' encounters with these types of services expose service providers' power to shape and negate their rights to receive a fair, just and equitable service (Foucault, 1982). Stigmatising actions of service personnel denigrating participants' status to that of non-person expose a particularly devastating outcome in diminishing their personal sense of self-worth (Bandura, 1982; Mead, 1934). Participants' avoidant actions of these types of service have clear consequences for the health and well-being of both themselves and their children.

In considering what 'encounters with unuseful services' expose, there is a clear need to consider how teenage parents are viewed, facilitated and treated by services they have deemed unuseful. The effect on participants of interacting with these types of services needs to be considered with regards to how their individuality, personhood and authenticity is recognised and facilitated.. The denial of personhood in receiving non-person centred services needs serious consideration as a devastating effect of these practices exposes participants' self-worth, rights and future directionality being compromised by disdainful stigmatising processes.

I have put forward (see chapter 8.4) two key elements which act as either a constraint or an enabler in the healthcare setting. These elements are the enactment (or not) of person centred practices and secondly service personnel's power to shape participants' experience as service users. Both of these key elements are inextricably entwined as the delivery of person centred practices is dependent on professional actions shaping participants' experiences as service users. Thus, the attitude, values, actions and preparedness of service providers in the delivery of person centred care are key considerations in both enabling and empowering teenage parents as service users.

The delivery of person centred care is imperative in meeting teenage parents' needs as a service user. However, in order for this focus to be made possible it is important that at the organisational level this ethos permeates all aspects of the organisation structure. I have argued in chapter 8.4.3 the impact possible sub cultural values may



have had on the participants' experiences. This reveals heterogeneous aspects of the healthcare organisational culture that in this study's findings served toward constraining and disempowering participants' rights as users to receive person centred care. There is, therefore, a need to consider the care environment and consider sub cultural values within the organisation. This consideration could serve toward the development of a homogenous healthcare setting in which person centred care is provided uniformly. This type of organisational culture (see chapter 8.4.2) has the potential to act as an enabling and empowering resource for teenage parents as service users.

The participants' family setting is another important resource that needs to be considered in addressing the teenage parents' social context. In this study the family context has been identified as an enabling resource enhancing participants' social capital (see chapter 8.4.5). This supportive context negates the effect prevailing social norms of teenage parenthood have on these parents. As such, it provides an enabling resource to teenage parents through the provision of family support which encompasses unconditional positive regard (Rogers, 1949). This particular context reveals the affirmative influence unconditional positive regard has on participants' sense of self-worth, efficacy, determination and directionality (Bandura, 1982). In this regard the family setting offers a person centred focus providing for these young parents the cultural, social and material resources they need to pursue their future goals and ambitions. This setting, encompassing unconditional positive regard, offers these young parents the support they need by recognising who they, understand what is of importance to them and valuing their personhood. In this regard the context of the family setting exposes an enabling resource that truly negates the constraining influence social norms has on these young parents. Lessons can be learned from the family setting that could be enacted in the healthcare setting. In particular the ideal of unconditional positive regard I suggest has the potential to act as an enabling resource for the teenage parent in developing their sense of personal empowerment, efficacy and well-being.

Another key consideration relating to the family context is the supportive role of partners identified in this study (see chapter 8.4.5). The enabling actions of partners within the family context act as a positive resource for participants as a family unit. However, in the healthcare context this family unit is constrained through the marginalisation of teenage fathers who are categorised as non-persons. From this perspective there is a need to give equal recognition to the needs of family members who are acting in a supportive role to the teenage parent. This will further serve to enhance their social capital with partners and family members acting as an enabling resource within the healthcare setting.

In considering these participants' broader context, being understood as a problematised entity has contributed toward their positional suffering as teenage parents (see chapter 8.5.2). This social understanding has impacted on the participants' sense of personal and social self, their interactional space existing with others and their experiences within the healthcare setting. This understanding has acted as an overarching constraining social force that has negatively impacted on the teenage parents' social existence. While this study cannot claim to try to change societal views the enactment of person centred practices has the potential to negate the effect of this societal influence in the healthcare setting. From this perspective in the subsequent section of this discussion the imperative to consider the principles of person centred care in the delivery of healthcare services to teenage parents is considered. In putting forth the need to consider person centred care in this setting I answer the final research question. This question explores how child and family healthcare services can work effectively with teenage parents. In answering how services can effectively serve these parents I explore the implications of this study's findings.

#### **9.4 Implications of this Study's findings linked with working effectively with teenage parents.**

Thus far, this study's findings has exposed a number of key issues extending across the personal, interactional and contextual realms that need to be

considered with regards to these participants experiences of being a teenage parent service user. These implications include the need to;

- consider the teenage parents' biography recognising the constraint social norms place on these parents as child and family healthcare service users;
- consider knowing the teenage parent for who they wish to be authentically recognised as acknowledging their capacity, capability and support needs as young parents.
- consider the delivery of a non-judgmental, unbiased service that respects the teenage parents' individuality and personhood;
- address participants care structure or what matters to them in striving toward authentic existence as future competent parents and how services can support this directionality;
- consider the support structures these parents value including family members, partners, friends and peers and their inclusion in the healthcare service context;
- consider the delivery of healthcare services by personnel who are prepared to work with teenage parents in a collaborative person centred manner;
- consider the preparedness of these personnel with regards to their knowledge, skill and capacity in the healthcare context to deliver person centred care;
- consider the care environment in developing a homogenous healthcare setting that is uniformly focused on the delivery of person centred care;
- consider a multi-agency approach in providing a service to these young parents acknowledging their broader determinants of health and well-being such as support with childcare, ongoing education and financial needs.

These implications will now be debated in the subsequent section in answering this study's final research question. This question asks how can services work effectively with teenage parents as service users. In answering this question focus is placed on the provision of person centred care and the enactment of

person centred practices.

## 9.5 How can child and family healthcare services work effectively with teenage parents as service users?

In answering this final question the implication of this study's findings are discussed. As such, I put forth the necessity to reconsider person centred principles in the health service setting. The reason I use the focus of revisiting person centred principles is because within Irish health policy this model of service delivery is a clear directive (see chapter 1.10.1) (DoHC, 2001a, 2001b; 2012; DoHC and HSE, 2008). As presented in chapter 1.9 person centred care include the principles of recognising individuality, rights, equity, justice and respect (Kitwood, 1997; McCormack, 2003; Bergman and Trost, 2006; McCormack and McCance, 2006; Alharbi et al. 2012). McCormack (2003) highlights that for person centred care to operationalise effectively in practice a number of key factors must be in place. These factors include consideration of the patient/clients values, consideration of the practitioner's values and the context of the care environment. In considering these principles and factors outlined I explore the implications of this study's findings across the domains of the personal, interactional and contextual. I firstly consider the principle of recognising individuality and personhood which I suggest can positively impact on teenage parents' existence as service users.

### 9.5.1 Prioritising Individuality and Personhood

One of the central principles of person centred care is the recognition of the person's individuality and personhood. Personhood has been defined as

*a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust.*

(Kitwood, 1997, p. 8).

From this perspective recognition of the human beings' personhood encompasses the status placed on them by others. Within this study's findings the status placed on participants' of being a problematised entity has served toward creating an inherent struggle for participants in negotiating their rights as parents and as service users.

This problematisation reveals the participants' social context (debated in chapters 1.8 and 2.4) in which teenage parenthood is viewed as being outside the realms of normalcy. Within chapter 8.3.2 I have argued that views of the teenage parent as a social problem has colonised the healthcare context influencing how participants are perceived by others in this setting. In instances of negotiating with unuseful health services their interaction with others has placed participants' status as that of non-person through the use of stigmatising, othering practices. These practices have revealed the categorisation of participants' as service users within the master class of different, young, stigmatised and othered.

In advocating the person centred principle of recognising individuality I suggest there is a need to reconsider the teenage parents' unique personhood as opposed to how it is understood within the broader social context. This study's findings have revealed understandings of the teenage parent that echo the revisionist perspective (see chapters 2.4.4 and 8.2.3). The findings reveal participants' sense of wanting to be valued, respected and supported as parents. The findings also make known participants' personal sense of future directionality in wanting support to achieve future goals and ambitions. In addition, the findings highlight the value participants' place on achieving self-efficacy in being the best parent they can be and in being recognised by others as parents of equal status in their world.

In considering the participants' understanding of their personal self and how they are understood by others I suggest dichotomous worldviews exist. The societal worldview has resulted in a misrecognition of who the participants' in this study are, contributing toward their positional suffering in negotiating their rights as service users (see chapter 8.5.2). Therefore, there is a need to recognise the individuality of these participants acknowledging who they feel they are as a person as advocated in person centeredness (McCormack and Ford, 1999; McCormack, 2001, 2003, 2004; McCormack and McCance, 2006). There is a need to prioritise the participants' personal sense of their personhood as a means to value their individuality and authenticity (McCormack and McCance, 2006). In prioritising the participants' sense of their personhood within the healthcare setting emphasis is then placed on the

participants' worldview of their personal sense of self. This prioritisation requires the need to consider what McCormack (2004) refers to as key dimensions of person centeredness; being in relation, being in the social world, being in place and being in self. These dimensions encompass the individuals' life pathway acknowledging the interactive relational nature of being. This life pathway includes the recognition of the individual as a person of intrinsic worth enmeshed in a social world as service user that include professional, organisational, social values and norms. This echoes Heidegger's construct of temporality (see chapter 5.3.8) acknowledging the human beings past, present and future (Heidegger, 1927/2011). It therefore recognises the individuals' unique values, norms and views shaped by their life pathway (Heidegger, 1927/2011; McCormack and Ford, 1999; McCormack, 2001, 2003, 2004; McCormack and McCance, 2006). From this viewpoint recognising the individuals' intrinsic worth involves knowing the person through their personal life narrative, biography, priorities and values. It involves placing the person at the centre of the caring process acknowledging their personhood as understood from their personal viewpoint (McCormack, 2003, 2004; McCormack & McCance 2010; 2006).

However, this acknowledgement of the teenage parents' personhood requires of service providers to also consider their sense of self. Within the interactional therapeutic relationship between service providers and teenage parents I have suggested in section 9.2.2 of this chapter there is a need for providers to reflect on their personal values around teenage parenthood. McCormack (2004) advocates within the dimensions of 'being in relation' and 'being in self' the imperative to evaluate oneself. I personally liken this ideal to Heidegger's forestructures of understanding from which presuppositional knowledge is made explicit (see chapter 3.5.9). From this viewpoint service providers working with teenage parents as users enter into the therapeutic relationship with a heightened awareness of their presuppositional values of teenage parenthood. From this stance of heightened awareness the provider has the opportunity to understand the unique individuality of the teenage parent they are providing a service to. From this perspective of heightened awareness the relationship between service provider and teenage parent

has the potential to develop as one of mutuality encompassing trust, non-judgment and equity of power.

### **9.5.2 Considering Trust, Non-Judgment and Equity of Power in the User Provider Relationship**

Based on this study's findings equity of power, non-judgment and trust I have suggested are key considerations in the provision of services to the teenage parent. I firstly consider equity of power in context of the interactional relationship between the teenage parent and service provider. This study's findings have revealed power as being omnipresent within the context of the interactional space between the teenage parent and service provider (see chapter 8.2.4 - Foucault, 1977, 1999). This form of power has infiltrated views and shaped experiences and has resulted in instances of encounters with unuseful services, a prevailing sense of power been exerted over participants (see chapter 8.3.2). In receiving unuseful services, power controlled by service providers has shaped participants' experiences of being treated differently by services negating their rights to be heard, listened to, respected and valued as users (see chapters 8.3.2 and 8.4.3). From this perspective the power relationship has revealed dependence by participants on providers' attitudes and actions toward them as to whether they were enabled or constrained as users (see chapter 8.3.2). Within this study the enactment of person centred practices acts as the denominator as to whether participants were enabled or constrained through processes of 'power over' or 'power to' (see chapter 8.4). These processes have shaped participants' sense of empowerment as service users.

In context of this study's findings it is therefore argued if personhood is truly acknowledged the power relationship between the service provider and teenage parent user can become one that encompasses power enacted and achieved through shared collective action. The enactment of heightened self-awareness acknowledging both the worldview of the teenage parent as user and the service provider has the potential to create an equitable power balance. This power balance needs to encompass what Rowlands (1997) referred to as 'power within' (see chapters 4.7 and 8.4.2). From this viewpoint the heightened individual consciousness of both the

teenage parent and the service provider has the potential to facilitate recognition of each other's unique personhood that includes shared respect and acceptance of each other as equals.

A further consideration that I have suggested is a key factor for considering teenage parents as service users is non-judgmental practices. This study's findings from a phenomenological perspective have revealed participants' sense of being judged by others in their world (see chapter 7.2). This finding echoes the literature (see chapter 2.4.5) depicting the interactional effect of judgmental practices within the therapeutic relationship resulting in differential treatments and diminished agency (Hanna, 2001; Bailey et al., 2004; Freake et al., 2007; Breheny and Stephens, 2007). Layder's theory in explicating this sense of being judged has revealed judgmental practices by service providers providing unuseful services negatively impacting on participants' self-esteem, efficacy and determination. It has revealed non-person centred practices resulting in participants' being stigmatised, othered and differentiated (see chapter 8.4.3). From this viewpoint I have argued judgmental practices has had a detrimental affect degrading the teenage parents sense of self-worth and negating their sense of self-efficacy with regards to their future directionality (Mead, 1934; Bandura, 1982). Conversely, useful person centred services has revealed participants experience of being empowered and enabled by non-judgmental practices (see chapter 8.4).

In context of this study's findings it is argued the enactment of non-judgmental practices that encompass McCormack's (2004) key dimensions of 'being with self' and 'being in relation' is an imperative. McCormack (2004) advocates knowing and understanding self as a key factor in enacting non-judgmental practices. This involves interactional relational processes of knowing the service user, understanding their worldview, values and viewpoint. From this perspective within the interactional space of the therapeutic relationship the service user is centred in the negotiation of their unique needs with services. From this viewpoint the service users' intrinsic worth is recognised and valued within the therapeutic relationship.



An inherent aspect of enacting non-judgmental practices is the development within the therapeutic relationship of unconditional positive regard (see chapter 1.9- Rogers, 1949). I have argued that unconditional positive regard was particularly evident in the supportive family context revealing participants sense of being valued, respected and viewed of in a non-judgmental manner (see chapter 8.4.5). From this stance lessons could be learned from this family context that could be enacted in the healthcare context. The key practice I put forth is the ideal of providing healthcare services to the teenage parent that encompasses unconditional positive regard. As debated in chapter 1.9, unconditional positive regard reflects one of the key original principles on which person centeredness as a concept is grounded (Rogers, 1949; McCormack, 2004). Unconditional positive regard involves the acceptance and respect of the teenage parent as they are without judgment or evaluation. In context of this study's finding the suspension of judgment is an imperative in providing a fair and just service to teenage parents. This is put forth as necessary as these parents already exist in a social context in which omnipresent societal judges of normality have categorised them as problematised (debated in chapter 2.4). A central theoretical tenet of unconditional positive regard is the recognition of the self-concept and how this innate sense of self can feel threatened by experiences inconsistent with conditions of personal value and worth (Rogers, 1949). As debated in chapter 8.2.1 the teenage parent enters the therapeutic relationship with an innate sense of being labelled as a problem in society. This reflects their personal perception of being discredited, tainted and stigmatised as a teenage parent (see chapter 8.2.1- Goffman, 1963). From this stance participants have a heightened awareness of the judgment of others, in particular the judgment of service personnel toward them in the healthcare setting. I have argued this personal sense of self stigmatisation was in instances of receiving unuseful services confirmed for participants. Judgmental practices served to confirm participants' sense of being discredited placing them in the position of stigmatised and othered (see chapter 8.2.1). Unconditional positive regard acknowledges the impact life experiences can have on the individuals' sense of personal worth. This theory demonstrates how the sense of self-worth can be affirmed or indeed shaped by the influential actions of significant others (Rogers, 1949). For the participants in this study this reveals the

potential power unconditional positive regard enacted by service personnel toward the teenage parent could have in enhancing their sense of personal worth and value.

In the context of this study's findings the provision of non-judgmental practices that encompass unconditional positive regard has the potential power to negate the affect societal views and judgmental practices have on these parents. This type of service provision has the potential power to provide for the teenage parent a sense of security and belonging linked with unconditional acceptance of who they are. An outcome of enacting heightened self-awareness, non-judgmental practices and unconditional positive regard is the placement of the teenage parent at the centre of the therapeutic relationship giving precedence to their unique personhood, needs and directionality. It is from this point of placing the teenage parent at the centre of the therapeutic relationship that their authenticity can be acknowledged.

### **9.5.3 Recognising Authenticity**

This study's findings have revealed from a Heideggerian viewpoint the participants' care structure (presented in chapters 7 and 9.2.1). This care structure has demonstrated what is of importance to these participants with regards to being a teenage parent and service user. Their future directionality exposes the participants' sense of purpose. This purpose revealed future goals that are of consequence to these parents with regards to developing their self-efficacy linked with their parental competence and capacity, as well as their future ambitions linked with achieving educational/ employment goals. Participants recognised that in achieving these future ambitions they needed the help and support of others in their world. The exposition of the participants' subjective care structure reveals who they want to be understood as with regards to being known as authentic parents and persons.

The explication of the participants care structure using Layder's (1997) theory has exposed the importance of being valued in the context of the therapeutic relationship between service providers and participants as users. It has revealed dependence on the attitudes and actions of service providers as to whether or not participants' authenticity was acknowledged or not. This recognition was dependent on whether the participants "*virtual social identity*" versus their "*actual social identity*" was

acknowledged (see chapter 8.2.1- Goffman, 1963, p. 2). In instances of recognising their virtual as opposed to their actual social identity participants' opportunity toward authentic recognition was negated. Conversely, in instances of encounters with useful services their authenticity was enabled through empowering person centred actions of service providers (see chapter 8.4.2). Reflecting on this study's findings there is a need to consider the means by which participants' authenticity can be enabled. For this purpose a number of concepts inherent within person centeredness are considered, these being unconditional positive regard, sympathetic presence and mutuality (Rogers, 1949; McCormack, 2003, 2004; McCormack and McCance, 2006, 2010). Sympathetic presence acknowledges the inherent worth of the teenage parent with regards their right to be treated with dignity and respect as a service user (McCormack, 2003, 2004; McCormack and McCance, 2006). This reiterates the World Health Organisation (2007, p. 7) viewpoint that acknowledges person centred health care as being grounded in

*universally held values and principles which are enshrined in international law, such as human rights and dignity, non-discrimination, participation and empowerment, access and equity, and a partnership of equals.*

From this perspective sympathetic presence is viewed as a means to acknowledge the teenage parents personhood, individuality and rights to respect and dignity as a service user (McCormack, 2003, 2004; McCormack and McCance, 2006).

#### **9.5.4 Recognising Teenage Parents' Rights to Receive a Respectful, Just and Equitable Service**

Sympathetic presence acknowledges engagement by the service provider within the therapeutic relationship that includes recognition of the service users' uniqueness and values (McCormack, 2003, 2004; McCormack and McCance, 2006). In the preceding section I have argued the merits of unconditional positive regard within the therapeutic relationship. Sympathetic presence builds on this ideal acknowledging the innate values of the human being recognising what is of importance to them in their lives. For the participants in this study what is of importance is being valued and respected as a young parent. Sympathetic presence involves a form of engagement with the person as service user that includes

responding to key cues provided by the user with regards to important agendas in their life. The ideal with regards to enacting this form of presence with the service user is to maximise and enhance coping resources for the individual.

This study's findings has revealed the impact person centred service delivery had on participants' sense of personal control and power as a service user (see chapter 8.4.2). This reflects what I have labelled an enabling healthcare setting. Conversely, I have labelled as constraining, healthcare settings that operationalised exclusionary practices that failed to enhance participants' social capital (see chapter 8.4.3). In considering the concept of sympathetic presence as a means to enhance and maximise coping resources I argue this person centred practice can serve to enhance these participants' sense of personal control and thus social capital. Participants' expressed need to avail of healthcare services as a network of support exposes the imperative for sympathetic presence to be enacted as a practice (see chapter 8.4.4).

The key function of healthcare providers as both facilitators and enablers expose the need for sympathetic presence in enhancing participants' capacity to cope and adapt to parenthood. The establishment of a collaborative relationship that encompasses sympathetic presence includes shared decision making reflecting mutuality in supporting the rights of the service user to informed choice. This shared collaborative focus echoes McCormack's (2004) dimension of 'being in social context'. From this perspective understanding the individual's life history and social world facilitates the identification of issues that matter or are of consequence to them. From this vantage point shared negotiated decision making is made possible, with decisions grounded in what matters or is of consequence to the individual receiving the

For this form of collaborative relationship to be enacted power as an entity needs to be equally balanced with both provider and user recognising each other as equals within the therapeutic relationship (as debated in chapter 8.3.1). From this stance power within the relationship echoes the ideal of zero sum power in that the service provider must relinquish part of their professional power in order to enhance the

service users personal sense of control and power (see chapter 8.3.1). This reconfiguration of the power differential is of critical importance with regards to the value placed in sympathetic presence facilitating the service users' capacity to achieve a sense of personal control in deciding their goals (McCormack, 2004, 2003).

For the participants in this study their express need to achieve a level of control with regards to choice reflects their need to be heard, listened to, respected, valued and treated as equals in the context of the user provider relationship (see chapter 7.3). This form of recognition I have argued has the potentiality to enhance participants' social capital in effectively utilising services as a form of support to achieve their personal goals (see chapter 8.4.4). Their explicit request for support from services, for recognition as an equal partner within the user provider relationship highlights the importance participants place on this form of support. In context of this study's finding there is an imperative to enact sympathetic presence as a means to develop the therapeutic relationship as one that reflects a form of constructive support for the teenage parent. This form of constructive support has the potential to provide a beneficial function for these parents in providing informed choice, increased opportunity to achieve personal goals and an enhanced sense of personal control and power over their lives. In providing a constructive form of support participants' social capital is enhanced in that they are receiving support that is of unique benefit to them (see chapter 8.4.4). For this study's participants this unique benefit reflects a network of supports provided by child and family healthcare services that enhance their sense of future directionality in achieving self-efficacy and self-determination as young parents. From this supportive context these participants sense of personal choice, control and personal power is enhanced through the provision of a supportive service that acknowledges their personal life agenda as young parents.

Within the context of this supportive relationship the providers function in having sympathetic presence can act as a mediator to broader support networks. Within this study I have argued the need for a multi-agency focus in acknowledging the broader determinants of health and wellbeing of these participants. Participants' expression

for help and support from broader services such as childcare, finance, and housing reveal their broader needs in achieving their future goals. The therapeutic relationship that includes sympathetic presence has the potential to acknowledge the cues made evident by these participants in both negotiating and linking with these broader services on their behalf. In linking with these broader services the important agenda for these participants with regards to their broader needs can be acknowledged. From this perspective congruence or genuineness is enacted within the therapeutic relationship in that the participants' concerns linked with their life circumstances is acknowledged and acted upon through shared multidisciplinary practices (Rogers, 1949; McCormack, 2004).

As highlighted earlier in this chapter another key form of effective support acknowledged by participants in this study is the family context. The family context provided participants with a safe secure environment that encompassed unconditional positive regard (see chapter 8.4.5). This supportive context offered participants a constructive form of support which provided a useful form of social capital for their purpose. This environment also provided a form of safety net in which they could freely be who they are as young parents and effectively negotiate support based on their expressed need and life agenda.

In considering this study's findings in which this form of support especially from partners was negated through exclusionary practices in the healthcare context (see chapter 8.4.5). I argue there is an imperative for the practice of sympathetic presence to acknowledge this form of support. Facilitating partners to remain an effective form of support within the healthcare context has the potential to enhance participants' social capital as a family unit. From this viewpoint participants who are in a relationship are able to benefit from each other's mutual support within the healthcare environment. This form of mutual support between partners facilitated through the sympathetic presence of service providers has the potential to enhance this supportive network creating opportunity for both partners to work collaboratively as a family unit.

However, I caveat the suggestions proffered above with regards to recognising personhood and authenticity with the necessity to consider service personnel's' capacity to provide this form of service within the confines of the healthcare context.

#### **9.5.5 Considering the Healthcare Setting as a Context for Teenage Parent Centred Healthcare Delivery**

This study's finding with regards to the healthcare setting has exposed the merits of a homogenous organisational context in which person centred care is provided uniformly (see chapter 8.4.1). This finding resonates with the literature that highlights a whole of organisation approach linked with the effective delivery of person centred care (Innes et al, 2006; McCormack et al, 2011). In order for a whole organisation approach to be enacted key factors such as skilled collaborative management approaches, supportive systems of work and staff relationships needs to be considered in the delivery of person centred services (Innes et al, 2006; McCormack et al, 2011). These factors have the potential to facilitate staff in the effective delivery of this model of care (debated in chapter 8.4.2). With regards to managerial approaches the literature highlights the importance of managerial styles that enact a person centred ethos toward supporting and nurturing professional person centred practices (McCormack, 2004; Innes et al, 2006). This form of management should include a collaborative focus, with opportunity for shared discussion and open exchange of ideas/innovations (Davies et al, 2001; McCormack, 2004; Innes et al, 2006).

Effective managerial support should also include a focus on professional development that recognises the training and educational needs of staff linked with the effective delivery of person centred care. Staff's educational preparation should include a focus on facilitation skills that offer effective person centred support to the service user. To effectively support service users in this manner the literature highlights the need for staff to have effective communication skills, autonomy of practice linked with shared decision making and the capacity to work with individuals as people (Innes et al, 2006; McCormack et al, 2011).

The literature also recognises that effective person centred care delivery places additional demands on staff with regards to time and opportunity to work with service users. From this perspective in recognising the additional demands placed on staff appropriate resourcing of the clinical area is a key factor in enacting this model of practice within the healthcare organisation (McCormack et al, 2011). From this vantage point the appropriate support of staff linked with clinical supervision is also considered a key factor in the success of person centred service delivery (Innes et al, 2006).

The training, education and support staff receive affects the type of care they have the capacity to provide, the type of relationships they have with service users and their sense of job satisfaction linked with providing a person centred service. In considering these factors linked with staff preparedness to provide person centred care consideration needs to be given to the current Irish healthcare context. As debated in chapters one and eight current Irish health policy advocates person centred care as its directive (DoHC, 2001a, 2001b, 2012). However, the effects of the economic downturn with regards to the Irish healthcare context is negatively impacting on the opportunity to operationalise person centred care delivery (Irish Nurses and Midwives Organisation, 2012; Dublin City University, 2012).

A reduction in Irish healthcare personnel posts linked with the public service recruitment moratorium has seen a loss of 4,392 posts since 2009 (Irish Nurses and Midwives Organisation, 2012; Dublin City University, 2012). The contraction in staffing numbers has resulted in increased workloads for staff with negative impacts linked with decreased time for patient contact and care (Irish Nurses and Midwives Organisation, 2012). These contextual factors compromise the opportunity to develop at organisation level a person centred service in which both frontline staff and service users are valued. In context of this study's findings that advocates a homogenous approach toward uniformity in person centred care delivery, the present Irish healthcare context creates a constraint in the provision of this type of service. This constraining powerful force has the potential to disempower service personnel



negating their capacity and ability to enact person centred practices that demands of them time and resources to provide this type of service.

However, the exercise of humanistic practices such as honouring young parents through the provision of respectful, dignified practices has the potential to negate the effects of this powerful constraint. The culture of disdain revealed in this study's findings (see chapter 7.3.6) can in no way be justified with regards to the current Irish healthcare context. The provision of a dignified, respectful service reflects both a moral and ethical principle that acknowledges at the most basic level of care provision the human rights of the teenage parent as service user (Kitwood, 1997; WHO, 2007). From this perspective I am advocating the concept of respectful relationships that incorporates communicative processes of hearing, listening to and respecting the views of the teenage parent.

This study's findings has revealed participants care structure as wanting assistance with help and support to enact care of both themselves and their children (see section 9.2.1 of this chapter). From this viewpoint I argue there is a need to consider the manner in which service is provided to these participants. Kitwood (1997) highlights the ideal of a respectful relationship recognising the capacity and capability of the individual. This involves a facilitative role in honouring what the person can achieve and recognising as required where intervention is needed. This study's findings reveals participants' accounts of services exercising a paternalistic focus in their provision of care (see chapter 7.3.9). I suggest that a facilitative approach would firstly empower participants' sense of self efficacy in terms of enhancing their individual sense of capacity and capability as a parent. It would secondly lessen the direct curative input of service personnel in doing for participants as opposed to facilitating participants to self-care. The key role of participants' support networks, which this study has revealed with regards to family members and partners, needs to be acknowledged as part of this facilitative process (see chapter 8.4.5). This study's findings reveal exclusionary practices negating in particular the role of partners in the healthcare context. I argue that as part of the respectful relationship inclusionary facilitative practices has the potential to lessen the burden firstly on both teenage

parents as they can operationalise a family unit in the healthcare context. Secondly, facilitative practices including both parents would lessen the burden on service personnel in a busy healthcare context as these parents have the capacity to develop their self-caring skills with supportive facilitative interventions.

The aforementioned discussion has explored the potential of respectful relationships lessening the constraining effect of the current Irish healthcare context on the delivery of person centred services. However, there is also an explicit need to assess the unique context of each service area with regards to services capacity to deliver person centred care. McCormack and McCance (2010) advocate the need to assess the practice context with regards to 'context readiness'. This form of evaluation provides a means of understanding in more depth the unique culture linked with each specific workplace. The findings of this study address participants' subjective experiences as service users of an array of services nationally. A clear limitation of this study is its capacity to explicate the unique service culture of each individual workplace in understanding context readiness to deliver person centred care. From this perspective this study's findings revealing evidence of non-person centred practices raises the need for more depth exploratory research of service culture, challenges and capacity with regards to the opportunity to deliver a person centred service.

In answering this study's final research question focusing on how child and family healthcare services can work effectively with teenage parents as service users a number of key issues have been presented. The need to acknowledge and recognise the teenage parents' individuality, personhood and authenticity is an imperative in understanding who these parents are and want to be recognised as. Person centred practices guided by principles of unconditional positive regard, sympathetic presence and respectful relationship all have the potential to negate the struggle these parents experience due to being labelled as a problematic entity. The enactment of person centeredness as a model of care has the potential to negate the constraining force of this social norm particularly in the healthcare context. However, in order for the model of person centred care to be part of a whole organisational ethos a number of

issues need to be considered. Context readiness is a key consideration that encompasses staff educational preparation and support to provide this type of care. In the current Irish healthcare context the operationalisation of a person centred model of care may prove a challenge. However, as debated in the aforementioned section despite this challenge there is an ethical and moral obligation to recognise the teenage parent's human right to receive a dignified, respectful service that honours their personhood, individuality and authenticity. The implications of this study's findings linked in particular with practice, education and research is presented in chapter 10.5).

## 9.6 Conclusion

This chapter has discussed teenage parents' existence as a service user from both the subjective and objective realm. From a phenomenological perspective what has been exposed is the participants' care structure with regards to what matters to them as service users. It has exposed the value participants place on being heard, valued and respected as service users. Person centred care as a model of service delivery has been exposed as an enabling structure positively impacting on the teenage parents' capacity and ability to realise their future directionality. From this perspective this discussion has put forth the merits of enacting person centred practices that encompass recognising the teenage parents' individuality, personhood and authenticity as a means to enhance these parents' self-efficacy and determination. The recognition of basic human rights linked with the provision of a respectful, dignified service needs to remain a key focus in acknowledging these parents as service users. This form of service delivery has the potential to negate the constraining influence societal norms linked with the problematisation of teenage parenthood has on these parents. From this perspective the provision of a service that recognises teenage parents' rights, individuality, personhood and authenticity emancipates teenage parents from their positional suffering in being labelled as a problematised entity. The subsequent concluding chapter considers the implications of this study's findings and makes recommendations linked with research, education and practice.

## **Chapter 10: Conclusion**

### **10.1 Introduction**

This chapter concludes this thesis which presents an overview of each individual chapter focusing on what has been revealed. I reflect on the research method focusing on the merits and limitations of its use. I also reflect on my personal research journey and what I have learned from conducting this research. Finally, I put forward a number of recommendations grounded in what this study's findings has made known.

### **10.2 Aims, Objectives and Research Question**

This study's overarching aim is to explore the views and experiences of teenage parents of being service users of universal child and family healthcare. From the subjective viewpoint the aim is to explore the meaning participants ascribe to this lived experience. From both the subjective and objective perspective the aim is to understand the meaning of this lived experience in context of both social life and the healthcare setting. The key objective focusing firstly on the subjective viewpoint is to understand what being a teenage parent service user means for these participants. Secondly from both the subjective and objective perspective the aim is to understand what the meaning of this existence is in both the social context and the healthcare setting. Finally, the objective is to ascertain if the participants' social context and the healthcare setting acted as either enablers or constraints with regards to their existence as teenage parent service users. Reflecting on this study's aims and objectives the following research questions are asked.

#### **10.2.1 Research Questions**

- What is the lived experience and meaning of being a teenage parent service user of universal child and family health services?
- What affect has engagement with child and family services had on the teenage parent as a service user?
- How can child and family healthcare services work effectively with teenage parents as service users?

### 10.3 Overview of Chapter's in this Study

The first chapter introduces the focus and context of this study, its aims, objectives and research questions. This represents the beginning of this research journey in making explicit the phenomenon of study, that is 'being a teenage parent service user' of universal child and family health services. In outlining the context of this study, pertinent Irish healthcare policy and strategies influencing the focus of this research are introduced. These include Irish health policy and reforms that provide directive for a people/person centered focus in the delivery of health care services (DoHC, 2001a, 2001b; 2012; DoHC and HSE, 2008). This policy ethos was influential in the original conceptualisation of this study's focus in placing the teenage parent at the centre of the research process in understanding their emic perspective (McCormack and McCance, 2006; Alharbi et al., 2012).

This chapter also considers the teenage parents' social context exposing from an Irish perspective a context that shapes their experience linked with historical and current understandings of teenage parenthood. This context reveals understanding of teenage parenthood as historically challenging social norms of who becomes a parent representing the vilification of individuals who became parents outside of the institution of marriage (Darling, 1984; Hyde, 2000; Luddy, 2011). From a historical perspective the Irish teenage parent represented an immoral entity who presented a threat to the moral fabric of Irish family life and society (Power, 2011; Luddy, 2011). Currently, the discourse linked with Irish teenage parenthood echoed that of the international literature representing this parent as a financial burden on the state, as disadvantaged linked with limited opportunity for education and employment and as a risk linked with their children's outcomes (McKeown, 2000; Crosse and Millar, 2015). This form of discourse has given rise to the vilification and stigmatisation of the teenage parent being represented as socio economically deficient, as a social welfare pariah and as the nemesis of the 'normal' parent (Myers, 2005; Power, 2011). Today the social judgment of the Irish teenage parent is pitched against the ideal of the 'normal' parent who is financially stable, educationally prepared and has the maturity to become a parent (Power, 2011, Luddy, 2011; Crosse and Millar,

2015). This social viewpoint within Irish media coverage depicts the teenage parent as a welfare burden conceiving of bastard children (Myers, 2005). It is within this Irish context that the teenage parent as healthcare user must negotiate with services as a service user.

Chapter two presents the literature reviewed for this study, building on chapter one exploring the Irish teenage parents 'context. This chapter expands on this context exploring the wider international literature that addresses teenage parenthood. This literature resonates with the Irish literature exposing the teenage parent as a problematic entity who represents within society a challenge to social norms linked with parenthood (Graham and McDermott, 2005; Wilson and Huntington, 2006; Koffman, 2012). This challenge is depicted within the international literature as being predominantly focused on the problematisation of teenage parenthood, with this young parent being viewed of as too young and immature to be a parent and of being a social cost (Setterston, 2004; Koffman, 2012). Governmental concerns linked with the burden both financially and socially of teenage parenthood have given rise to the viewpoint of these young parents being vilified and stigmatised within society (Duncan, 2007). Similar to the Irish context, political discourse linked with welfare dependence has seen the evolution of media coverage of this young parent as that of social pariah, educationally deficient, economically dependent and working class whore (Tyler, 2008; Jones, 2011). The social status ascribed to this young parent represents an inherent struggle for this parent in negotiating the social milieu of life that depicts them as a problematised entity (Geronimus, 2003; Duncan, 2007).

Chapter two also puts forth an alternative viewpoint of these young parents as represented in the revisionist literature. This viewpoint acknowledges the teenage parent not as a problematic entity but rather as a victim of their social context and circumstance (Duncan, 2007; SmithBattle, 2009; Arai, 2011). This literature highlights the impact negative coverage within the media and political discourse has on these young parents' life opportunities (Arai, 2011) and the stigmatising affect such discourse has on the teenage parent diminishing their agency and future

directionality (Macvarish, 2010). It offers an alternative viewpoint highlighting the resilience of these young parents in effectively transitioning to the role of being a parent and in their self determination to achieve future security for both themselves and their children (Graham and McDermott, 2005). As such, this literature challenges the “conventional wisdoms” that shape societal understandings of the teenage parent as problematic putting forth these parents’ context as influential as opposed to their perceived social status as teenage parents (Geronimus, 2003, p.883).

This understanding shaped my decision to firstly use the interpretive hermeneutical method in this study to explore ‘with’ as opposed to conducting research ‘on’ the teenage parent who was a service user of universal child and family services. From this stance the importance of entering into a collaborative process with participants acknowledging their right to be heard, their ability as a competent social actor and their individuality was of critical importance. Recognising the personhood and individuality of these research participants for me was of particular importance given that society had labelled them as a problematic entity. I wanted to understand from their emic perspective what being a teenage parent service user meant for them personally. The rationale for initially adapting the interpretive hermeneutical phenomenological method is represented in chapter three of this study.

The third chapter explicates the rationale for using the interpretive hermeneutical phenomenological method underpinned by Heideggerian phenomenological philosophy. This chapter proved both challenging and enlightening in making explicit the rationale behind this chosen method. The exploration of Heidegger’s phenomenology revealed the opportunity to explore the phenomenon of what ‘being a teenage parent’ means for the participants in this study. Heidegger’s ontological explication of the meaning of ‘Being’ provided an opportunity to explore with participants the meaning they ascribed to their everyday existence with regards to being a teenage parent service user. Heidegger’s phenomenology and the interpretive method provided the means to conduct this research with participants

collaboratively. It provided a means to facilitate hearing their unique viewpoint of being a teenage parent service user and recognised that their understanding of this existence was an initial imperative in the original focus and conceptualisation of this study.

Following analysis of the phenomenological findings a number of key questions were raised linked with the experience participants had revealed. These questions lead to the decision to adapt critical realist principles in this study. Thus, within chapter four the rationale linked with the adaptation of critical realist principles in this study is put forth. This represented a change in focus within this study moving beyond subjective understanding of existence and exploring the objective realm that impacted on this existence. For this purpose the adaptation of Derek Layder's (1997) Theory of Social Domains layered ontology facilitated the recognition of both the subjective and objective realms of existence.

Chapter five presents this study's methodological design and practical implementation. It therefore presents the practical considerations linked with conducting this research in firstly ascertaining participants lived experience and in secondly exploring the objective realm impacting on this existence. From this perspective this chapter makes known the decision trail linked with the practical implementation of the hermeneutical interpretive method and the use of Layder's (1997) Theory of Social Domains.

Linking closely with chapter five's focus, chapter six demonstrates the practical process used in analysing and interpreting the phenomenological data. From this perspective this chapter presents the practical use of Paul Ricoeur's theory of interpretation as an analytical framework (Ricoeur, 1976, 1986, 1991). This chapter explicitly demonstrates the decisions made linked with each stage of analysis. Finally, this chapter addresses the use of Ricoeur's final stage of analysis in revealing depth understanding incorporating Derek Layder's (1997) framework moving beyond the subjective experience acknowledging both the subjective and objective realm of the participants' existence as service users.



Chapters seven and eight present the findings of this study. Within chapter seven the phenomenological findings are presented from the thematic analysis of the data. These findings represents Ricoeur's (1981) interpretive phase of naïve understanding. These findings are presented in the context of Heidegger's fundamental structure of 'being-in-the-world' and make known what 'being a teenage parent service user' of universal child and family health services means for this study's participants. It exposes participants care structure, which is what is of importance to them as teenage parents and as service users. This care structure makes known the importance participants place on their future directionality linked with achieving a better future for both themselves and their child. In striving toward these future goals participants also make known the importance they place on being recognised, valued and respected as a parent by others in their world.

In synopsising what the phenomenological findings make known they expose the meaning of 'being a teenage parent service user' and the meaning of existing as a teenage parent in their social world. These findings expose an existence that is challenged by the views of others whose understanding of teenage parenthood is shaped by social norms. The findings make known these participants inherent struggle in striving for recognition and acceptance as a teenage parent and a person. This struggle is inextricably entwined with how they are viewed of in accordance with how teenage parenthood is understood in their social world. This view has categorised these participants as problematic and has resulted in their struggle for recognition and acceptance as a service user and a person. The findings expose this social view permeating the healthcare setting representing a struggle for participants to have their rights as service users to be recognised. From this perspective the phenomenological findings make known the participants' existence constrained by the social force of norms that categorise them as problematic.

Chapter eight presents the final stage of Ricoeur's analytical framework exposing depth understanding of the phenomena of 'being a teenage parent service user' in the social world (Ricoeur, 1976, 1981). In exposing depth understanding Layder's (1997) Theory of Social Domains expose both the subjective and objective realm of

participants' existence. The analysis of the phenomenological findings across the social domains within Layder's framework exposes an array of both enabling and constraining processes affecting participants' existence as teenage parents and service users. Of particular note is the omnipresent powerful impact social norms linked with teenage parenthood have on participants' existence. This social force exposes an inherent struggle for participants in negotiating their rights for acceptance and recognition within their social world. This viewpoint which has colonised the healthcare setting has exposed participants' rights as a service user being negated in instances of interacting with unuseful services. Power has also been exposed within the interactional realm in particular exposing participants' exposure to non-person centred practices that have placed them in the category of stigmatised, different and othered (Goffman, 1963; Spivak, 1985). Of note within this interactional realm is the culture of disdain made evident in participants encounters with unuseful services. These practices reveal a particularly devastating effect on the participants' sense of self-worth, determination and efficacy as a parent.

This chapter has also exposed enabling processes linked with participants' experiences of receiving useful healthcare services. In these instances person centred practices that recognise the participants' individuality, personhood and authenticity has acted as a positive empowering force enhancing participants' self-worth, determination and efficacy. The family context also exposes a particularly positive setting in which practices of unconditional positive regard serves to enhance and facilitate participants' personhood, authenticity and future directionality. These positive settings negate the participants' positional suffering exposed in this chapter as reflective of the powerful influence social norms have on how these participants are understood as teenage parents in social life.

In light of what has been exposed in chapter eight I argue the need within the healthcare setting to consider the delivery of person centred care that acknowledges the rights of these parents to be recognised for who they are and want to be recognised as. Chapter nine in discussing this study's research questions puts forth a number of key considerations linked with acknowledging these young parents rights

as a service user. These include key considerations linked with recognising the constraint social norms place on these parents as service users. Understanding and recognising the individuality of each parent as a service user that encompass acknowledging their individual capacity, capability and support needs. Knowing these parents, understanding what matters to them and providing a service that specifically addresses what is of consequence to them as young parents. Recognising these parents broader needs especially linked with social welfare, housing and education demands of services the need to adapt a multidisciplinary approach in effectively caring for these young parents. Acknowledging and involving as part of service delivery the broader support networks these young parents rely on such as family members and partners. Finally, there is also a clear need for service personnel to have a heightened self-awareness with regards to their understanding of these young parents. This heightened awareness I argue has the potential to negate the impact social understanding of these young parents may have in the context of receiving healthcare services. From this viewpoint chapter nine put forth the imperative to acknowledge teenage parents' personhood, individuality and authenticity as a service user. It argues the imperative to deliver a person centred service to these young parents ensuring they receive an unbiased, fair, just and equitable service. Section 10.5 of this chapter explores the contributions and implications of this study's findings. The subsequent section provides my reflection on the research methodology employed in this study and its limitations.

#### **10.4 Reflections on the Research Methodology and Limitations of this Study**

This study used as its primary foci an interpretive phenomenological methodological approach underpinned by Martin Heidegger's Phenomenological Philosophy. As an incremental process it adapted the use of critical realist principles through Derek Layder's Theory of Social Domains (1997). From this viewpoint the final methodological approach used in this study reflects a triangulation of both interpretive phenomenology and critical realism in exploring both the subjective and objective realm of being a teenage parent service user.

Creswell (2007, 2009) acknowledges challenges linked with every methodological

tradition. From this perspective the following discussion centres on the merits and limitations of this study linked with the methodological approach used. The initial limitation linked with this study is related to the challenges encountered with regards to recruitment of participants (see chapter 5.6). My initial aim linked with using purposive sampling was to seek participants who could provide an in-depth insight of their unique experiences of being a teenage parent service user. In initially accessing participants through public health nursing teams my aim was to access a representative balanced sample that included teenage parents who were not part of a support programme. Accessing participants who were not part of a support programme proved a challenge exposing this population as a 'hard to reach' group (McCormick et al., 1999; Lamb et al., 2001; Villarruel et al., 2006). Therefore a limitation of this study is that participants were recruited from targeted support services. Participants recruited through targeted support services may have been more confident with regards to recounting their experiences. They may also have had a better understanding of supports available to them as teenage parents as opposed to teenage parents who were not part of these targeted services. However, I caveat this limitation with regards to the focus of this study exploring participants' experiences of universal child and family health services that are not a part of the targeted services these participants were recruited from. Furthermore, the representative sample reflects a geographical spread from three separate counties in Ireland reflecting an array of experiences with universal child and family services nationally. This study's accumulated findings reflecting similar views and experiences from these different settings I suggest provide insight and understanding of what being a teenage parent service user means. From this perspective I feel the participants accounts linked with their experiences of these universal services were not affected by their membership of targeted support services.

A further set of limitations linked with the participant sample is the representative gender balance and sample size. Of the total participant sample (n=28), female participants (n=26) and male participants (n=2) make up the sample. Thus, there was a gender imbalance evident in the limited number of male participants who

contributed to the study. From this perspective further research specifically exploring the experiences of teenage fathers as service users is needed in order to further understand their unique perspective.

In not seeking generalisability but rather depth understanding of the phenomenon of being a teenage parent service user, the sample size (n=28) in terms of representativeness of the overall teenage parent population in Ireland is small. This raises the question of needing further research linked with accessing the broader teenage population group in order to uncover if this study's findings are representative of this broader population. While this study does not claim to be representative of the overall teenage parent population group, it does provide in depth rich data linked with participants' subjective lived experience of being a teenage parent service user in the Irish context.

A further limitation acknowledged in this study is that in its original conceptualisation it focused solely on exposing the subjective emic views and experiences of participants. While this exposes in depth rich data with regards to the subjective realm of existence it did not acknowledge the broader social structures that were shaping participants' experiences. From this viewpoint the adaptation of critical realist principles has strengthened this study's findings facilitating the exploration of both the subjective and objective realms of these participants' existence (Bhaskar, 1979, 1975; Layder, 1997). However, in exploring the objective realm limitations are acknowledged with regards to exposing possible causative factors impacting on participants lived experience (Bhaskar, 1979, 1975).

This study's findings has argued the enactment of person centred practices or not as an enabling or constraining influence on participants' experiences. While an assumption is drawn that person centeredness is an organisational ethos within child and family services given that it represents Irish healthcare policy directives this cannot be proven in this study (DoHC and HSE, 2008; DoHC, 2001a, 2001b; DoH, 2012). From this viewpoint further research is needed to explore if child and family services operationalise a person centred ethos as part of their service delivery plans.

Linked with this particular point the enablement of service personnel with regards to their capacity to deliver person centred care also needs further exploration given the current Irish healthcare context of diminished staffing levels and financial resources (see chapter 9.5.5 -Irish Nurses and Midwives Organisation, 2012; Dublin City University, 2012). Diminished resources linked with capacity to deliver a person centred services therefore needs to be explored further addressing services ‘context readiness’ to provide this model of service delivery (see chapter 9.5.5 -McCormack and McCance, 2010).

A further limitation linked with this study’s findings is that it exposes the teenage parent service user’s experience and viewpoint. This arguably represents one side of the coin with regards to understanding service provision and its receipt. Further research is needed to understand the viewpoints of service providers linked with their experiences of providing child and family healthcare services to teenage parents. This would facilitate a more depth understanding allowing for recognition of the needs and challenges of both providers and users in addressing teenage parents as service users. The subsequent section presents the contributions and limitations of this study’s findings.

## **10.5 Contribution and Implications of this Study’s Findings**

This study has made contributions linked with practice, education and research. It has also made known key implications linked with these key areas. The following sections present both the contribution and implications linked with the identified areas.

### **10.5.1 Practice**

This study has exposed a need to refocus the delivery of universal child and family health services to teenage parents using a person centred model. The rationale for suggesting this model of service delivery is grounded in the ethos inherent in person centred principles and practice that acknowledge personhood, authenticity, sympathetic presence and human rights (McCormack and Ford, 1999; McCormack, 2001, 2003, 2004; McCormack and McCance, 2006).

This study has made known the overarching influence social norms, values and beliefs associated with teenage parenthood have had on participants' experiences as service users. It exposes the inherent challenges these participants have in negotiating the social milieu of life in which their identity is framed as problematic. In putting forth a need to refocus service delivery as person centred I argue the constraining influence of this social norm associated with teenage parenthood is negated. The recognition of these parents' personhood, individuality and authenticity places them at the centre of the care process acknowledging their inherent rights as service users. In placing their rights as central to the process of service delivery I argue the potential for participants to be honoured as service users is made possible. The manner in which these young parents' rights are honoured is through the identification and response to their unique needs and preferences as service users. As part of the process of honouring their rights as service users what participants want and care about can be acknowledged. In the context of this study's findings what participants want is to be heard, listened to, valued and respected as parents. In providing a person centred service to these participants I argue their future directionality linked with their need for support to enhance their self-efficacy as parents is recognised.

This study has also exposed inequity linked with service delivery grounded in the receipt of non-person centred care. What has been made known is participants' sense of injustice and inequity in being treated differently by what they labelled unuseful services. From this perspective I argue there is a need to address the delivery of a fair, just and equitable service to these young parents. From this viewpoint I argue that the ideal of equity as advocated in Irish healthcare policy acknowledging that "*everyone should have a fair opportunity to attain full health potential...*" and that "*no-one should be disadvantaged from achieving this potential...*" should be a key imperative in the delivery of service to teenage parents (DoHC, 2001a, p17). In considering this viewpoint advocated within Irish health policy I argue that in receiving non-person centred services participants in this study were not afforded their rights to attain their future potential and were disadvantaged in this regard.

### **10.5.2 Education**

The inequity and injustice experienced by the participants in this study linked with practices of stigmatisation, othering and non-person centred treatment needs serious consideration with regards to service provision. As debated in this study the need for staff to be educationally prepared and supported to deliver person centred care reflects one means of addressing the inequity and injustice experienced by participants in this study. However, there is also a need to consider personnel's willingness and interest in working with teenage parents as service users. From this viewpoint I argue there is a need to develop specialist skills and knowledge linked with the provision of services to teenage parents. This needs to encompass specialist skills with regards to working from a multidisciplinary focus in negotiating and advocating with broader services in providing constructive person centred services that recognises these parents unique life needs.

Staff preparedness also needs to encompass consideration of their skills and knowledge linked with working in a collaborative person centred way with these parents. This requires of staff preparedness linked with effective communication skills and knowledge with regards to recognising authenticity and personhood. In honouring teenage parents as service users I argue the need for child and family services to refocus on a person centred model of care. This focus needs to encompass the key principles of person centred care that recognises individuality, rights, equity, justice and respect. The personhood, individuality and authenticity of the teenage parent need to be centred as part of the care process. Recognition of who teenage parents are and their explicit request to be valued as parents needs to become a central focus of delivering a person centred service to these young parents.

A focus on teenage parents' right to self-determine is a further imperative in supporting these parents future directionality linked with the achievement of self-efficacy. The user provider relationship needs to focus on sympathetic presence encompassing shared collaborative processes in which power differentials are negated and both the teenage parent as user and service personnel are equal partners in this relationship. This reflects a reorientation of the user provider relationship



placing the teenage parents' role as one of active collaborator as opposed to being a passive recipient of services. It facilitates the teenage parents' rights to actively negotiate as an equal partner within the user provider relationship their needs as a service user. However, in order for this collaborative user provider relationship to be truly effective service personnel must be proficient in their facilitative role as part of this process. Staff must have both the capacity and organisational support to operationalise this model of care. In particular staff must be empowered through effective managerial models of practice to enact practices that encompass shared decision making, recognition of personhood and enhanced self-awareness. From this perspective there is a need for staff support linked with effective clinical supervision to be enacted in order for person centred care to be part of the organisations service delivery ethos.

### **10.5.3 Research**

This study has also exposed the need for further research in the following areas. There is a limitation linked with the number of teenage fathers (n=2) who participated in this study. Therefore further research focusing specifically on the experiences of teenage fathers is needed in order to understand their unique perspective of being a teenage parent service user. The sample size linked with this study (n=28) cannot claim generalisability or representativeness of the broader teenage parent population in Ireland. Therefore further research that encompasses the broader population group would need to be conducted in order to uncover if this study's findings are representative of this broader population.

This study has also highlighted the need for further research focusing in particular on healthcare services' 'context readiness' with regards to the delivery of person centred care. This is particularly pertinent given that current Irish healthcare services are constrained by diminished resources such as staffing levels and financial cutbacks (see chapter 9.5.5). In exploring the context readiness of healthcare organisations to deliver person centred care further research is needed in terms of exploring the capacity of services to be person centred linked with the identification

of constraints and enablers that affect healthcare settings capacity to delivery this model of care.

Finally, this research has concentrated on the teenage parent's experience of being a service user. There is a need for further research to understand the viewpoints of service providers linked with their experiences of providing child and family healthcare services to teenage parents. This would facilitate a more depth understanding allowing for recognition of the needs and challenges of both providers and users in addressing this population groups needs as service users. The subsequent section in this chapter now presents the recommendations made from this study linked with this study's findings and implications addressed in the aforementioned sections.

### **10.6 Recommendations from this Study**

Based on the findings made evident in this study and their implications the following recommendations are made linked with three key areas, these being; practice, education and research.

#### **10.6.1 Recommendations for Practice**

- Services exposed in this study as unuseful needs to refocus on the delivery of a person centred model of care delivery. This needs to be refocused in consideration of the current constraints placed on Irish healthcare services linked with financial and personnel cutbacks. How person centred care can be delivered in this constrained context needs imaginative managerial organisational input that keeps as its focus placing the service user at the centre of care delivery.
- Person centred practices that include the acknowledgement of personhood, individuality and authenticity needs to become a key focus of delivering healthcare services to the teenage parent. This recommendation is made in view of the fact that this study has exposed participants' explicit request to be understood for who they are and want to be recognised as. From this viewpoint I recommend that the recognition of teenage parents'

personhood, individuality and authenticity honours them through the provision of a healthcare service that recognises what matters to them as service users.

#### **10.6.2 Recommendations for Education**

- Staff preparedness with regards to the skills and knowledge necessary to delivery person centred care needs to be considered. This preparedness needs to encompass staff's educational needs linked with communication skills, ability to maintain heightened self-awareness, ability to work collaboratively and recognise authenticity of the service user.
- Staff's capacity to deliver person centred care also needs to be considered. This needs to encompass healthcare systems that facilitate staff to work effective in a person centred manner. It also needs to encompass staff's educational preparedness as highlighted in the previous recommendation.
- The development of staff interested in working with teenage parents needs to be considered. This recommendation is made in view of this study's finding and of the literature that highlights the value teenage parents placed on receiving a service from staff who display a caring, compassionate attitude and authentic genuine interest in them as young parents.
- Staff's educational preparation linked with working from a multidisciplinary ethos also needs to be considered. This recommendation is made in light of this study's finding and the literature that acknowledge the importance of service delivery that recognise teenage parents' broader health needs such as welfare provision, housing and education.
- Clinical supervision linked with facilitating staff to explore their self-awareness and needs linked with providing a service to teenage parents needs to be considered. This type of supervision has the potential to offer staff an educationally supportive mechanism from which they can further develop their knowledge with regards to working with teenage parents.

#### **10.6.3 Recommendations for Research**

- There is a need to conduct further research exploring the views and experiences of Irish teenage fathers as service users. This recommendation

is based on the limitation of this study that recognises only two participants were fathers. These participants exposed some unique insights with regards to their marginalisation in the healthcare setting that resonated with the existing literature. In view of the extremely limited number of participants who were fathers in this study, there is a need for further research addressing teenage fathers' perspectives.

- There is a need to research the context readiness of individual child and family healthcare organisations with regards to recognising the opportunities and challenges that exist for Irish healthcare providers in the provision of person centred healthcare delivery. This recommendation is made firstly in light of this study's findings that have exposed unuseful non-person centred healthcare delivery. It is also made in recognition of the fact that Irish healthcare policy directive advocates person centred service delivery. Finally, it is made in view of the fact that current Irish healthcare delivery is constrained by the current financial and personnel cutbacks imposed by government policy.
- My final recommendation is linked with the need for further research that addresses service providers' views of delivering a healthcare service to teenage parents. This recommendation is made in view of the fact that this study exposes solely the teenage parents' perspective as health service user.

### **10.7 Reflectivity- Final Considerations**

This final reflection considers what I have learned from conducting this research. This research journey has proved to be a humbling experience in conducting research with teenage parents. These participants have exposed the inherent struggle they face as teenage parents in their social life. Yet they also expose self-determination in wanting the best possible future for both themselves and their child/ren. From this viewpoint I have learned of the importance of seeing the human beings personhood, of understanding who they are and not who one thinks they are based on how one has been influenced by common social understandings.

In the original conceptualisation of this study my overarching focus was to hear and

understand the unique subjective viewpoint of the teenage parent. In light of this focus my decision to use interpretive hermeneutical phenomenology facilitated my aim in researching with participants' and in hearing their unique subjective viewpoint. I feel the use of Heidegger's interpretive phenomenology served me well in fulfilling my goal to reveal participants' subjective viewpoint of existing as a teenage parent service user. However, along the research journey of remaining true to Heidegger's interpretive philosophy I feel I became absorbed in the minutiae of Heidegger's philosophy and lost sight of what was the bigger social picture impacting on the experience participants had revealed. From this perspective I had in essence decentred the participants from the world exposing their subjective viewpoint without exploring the possible causative factors that had contributed to these experiences.

The adaptation of critical realist principles was not an approach I had considered in the original conceptualisation of this study. However, the use of Layder's (1997) theory for me opened up Pandora's Box with regards to the enablers and constraints affecting these young parents existence. As Houston and Mullan-Jensen (2011, p.2) highlight

*...at the heart of qualitative investigation ... is an attempt to understand meaning but in the context of the wider social processes that shape it.*

In my enthusiasm to expose the meaning of being a teenage parent service user I lost sight of considering the participants' broader social context. I now see the merits of understanding in detail not only the subjective realm of existence but also the broader social context that indeed shapes and moulds that existence. From this perspective I feel that critical realism completes the picture acknowledging both the person and their social world. In initially only exposing subjective experience I had unwittingly committed an injustice to this study's participants leaving untold the broader social context that represents for them an inherent struggle as young teenage parents. For the participants in this study I feel through adapting critical realist principles that I have completed the picture of their existence as both teenage parents and service users encompassing their subjective and objective realm.

## 10.8 Conclusion

This chapter has put forth the contributions, implications and recommendations linked with this study's findings. My final remark linked with what this study has exposed is the clear need to see the teenage parents' personhood. These young parents existence represents an inherent struggle against social norms that categorise them as a problematic entity. There is an opportunity through the provision of person centred healthcare services to recognise these young parents' unique personhood negating the constraining affect problematisation of this young parent has. From this perspective I complete this thesis by advocating that healthcare services see the human being that is the teenage parent and not the social problem.

## References

- Adler, A. (1925) *The Practice and Theory of Individual Psychology*. London: Routledge.
- Alderson, P. (1995) *Listening to Children: Ethics and Social Research*. Barkingside: Barnardo's.
- Alharbi, T. S. J., Ekman I, Olsson L, Dudas K, & E. Carlström (2012) 'Organizational Culture and the Implementation of Person Centered Care: Results From a Change Process in Swedish Hospital Care', *Health Policy*, 108(2-3): 294–301.
- Almond, P. (2001) 'What is Consumerism, and has it had an Impact on Health Visiting Provision? A Literature Review', *Journal of Advanced Nursing*, 35 (6): 893–901.
- Althusser, L. (1971) "Ideology and Ideological State Apparatuses: Notes Towards an Investigation" in *Lenin and Philosophy: and Other Essays*, (Translation) Ben Brewster, New York: Monthly Review Press.
- Arai, L. (2009). *Teenage Pregnancy: The Making and Unmaking of a Problem?* Bristol: The Policy Press.
- Archer, M. S. (1995) *Realist Social Theory: The Morphogenetic Approach*, Cambridge: Cambridge University Press.
- Arnett, J. J. (2000) 'Emerging Adulthood: A Theory of Development from the Late Teens Through the Twenties', *American Psychologist*. 55:469-80.
- Arnstein, S. R. (1969) 'A Ladder of Citizen Participation', *Journal of the American Institute of Planners*. 35:216-24
- Arthur, B. A., Unwin, S. & T. Mitchell (2007) 'Teenage Mothers' Experiences of Maternity Services: A Qualitative Study', *British Journal of Midwifery*, 15 (11): 672–678.
- Aujoulat, I., Libion, F., Berrewaerts, J., Noirhomme-Renard, F. & A. Deccache (2010) 'Adolescent Mothers' Perspectives Regarding Their Own Psychosocial and Health Needs: A Qualitative Exploratory Study in Belgium', *Patient Education and Counseling*, 81(3): 448–53.
- Bailey, N, Brown, G., DiMarco, H., Letherby, G. & C. Wilson (2004) 'Teenage Pregnancy: Medical Encounters', *British Journal of Midwifery*, 12(11): 680-685.
- Bandura, A. (1982) 'Self-Efficacy Mechanism in Human Agency', *American Psychologist*, 37, 122-147.

- Barnes, C. & M.J. Power (2012) 'Internalising Discourses of Parental Blame: Voices from the Field', *Studies in the Maternal*, 4(2): 1-21.
- Bassett, R., Beagan, L. B., Ristovski-Slijepcevic, S. & G. E Chapman. (2008) 'Tough Teens: The Methodological Challenges of Interviewing Teenagers as Research Participants', *Journal of Adolescent Research*, 23(2):119–131.
- Bazeley, P, & K Jackson (2013) *Qualitative Analysis with NVIVO* (2nd Edition). London: SAGE.
- Beauchamp, T. & J Childress (2008) *Principles of Biomedical Ethics (6th Ed.)*. New York: Oxford University Press.
- Benner, P. (1994) 'The Tradition and Skill in Interpretive Phenomenology in Studying Health, Illness and Caring Practices' in P. Benner (Ed) *Interpretive Phenomenology*. California: SAGE. 99-128.
- Beresford, B. (1997) *Personal Accounts: Involving Disabled Children in Research*. York, SPRU.
- Berger, P. L. & T. Luckmann (1967) *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. New York: Anchor Books, Doubleday & Company.
- Bergman, L. R., & Trost, K. (2006). The Person-Oriented versus The Variable-Oriented Approach: Are They Complementary, Opposites, or Exploring Different Worlds? *Merrill-Palmer Quarterly*, 52: 601–632.
- Benner P., (1994) The Tradition and Skill in Interpretive Phenomenology in Studying Health, Illness and Caring Practices. In Benner P (Ed) *Interpretive Phenomenology*. California: SAGE, 99-128.
- Berthoud, L. & Robson, K. (2003) Teenage Motherhood in Europe: a Multi-country Analysis of Socioeconomic Outcomes, *European Sociological Review*, 19(5): 451-466.
- Bhaskar, R. (1975). *A Realist Theory of Science*, Leeds: Leeds Books. Reprinted (2008), *A Realist Theory of Science*. London: Verso.
- Bhaskar R. (1979) *The Possibility of Naturalism*. Harvester, Brighton.
- Bhaskar, R. (1989) *The Possibility of Naturalism*, Harvester Wheatsheaf.
- Blank, A. (2004) 'Clients' Experience of Partnership with Occupational Therapists in Community Mental Health', *British Journal of Occupational Therapy*, 67(3), 118-24.
- Blumer, H. (1969) *Symbolic interactionism*. Englewood Cliffs, NJ: Prentice-Hall.



- Boote, J., Telford, R. & C. Cooper (2002) , 'Consumer Involvement in Health Research: A Review and Research Agenda', *Health policy*, 61(2):213–36.
- Bourdieu, P. (1977) 'Cultural Reproduction and Social Reproduction', in Karabel A & H. Halse (eds.), *Power and Ideology in Education*. Oxford: Oxford University Press.
- Bourdieu, P. (1979/1984) *Distinction: A Social Critique of the Judgment of Taste*, (Translation) Nice, R., London: Routledge & Kegan Paul.
- Bourdieu, P. (1983) 'The Forms of Capital' in: Richardson, J.G. (Ed.), *Handbook of Theory & Research for the Sociology of Education*. Greenwood Press, New York, pp. 241–258.
- Bradburn, J., Fletcher, G. & C. Kennelly (1999) *Voices in Action: Training and Support for Lay Representatives in the Health Services*. London: College of Health.
- Breheny, M. & C. Stephens (2007) 'Irreconcilable Differences: Health Professionals' Constructions of Adolescence and Motherhood', *Social Science & Medicine* 64(1): 112–124.
- Breheny, M., & C. Stephens (2010) 'Youth or Disadvantage? The Construction of Teenage Mothers in Medical Journals', *Culture, Health & Sexuality*, 12(3): 307-322.
- Buckland, S., Lupton, C. & G. Moon (1994) *An Evaluation of the Role and Impact of Community Health Councils Portsmouth: Social Services Research and Information Unit*.
- Caelli, K. (2001) 'Engaging with Phenomenology: is it more of a challenge than it needs to be?' *Qualitative Health Research*. 11(2): 273-281.
- Carabine, J. (2007) 'New Labour's Teenage Pregnancy Policy: Constituting Knowing Responsible Citizens?' *Cultural Studies*, 21(6): 952–973.
- Central Statistics Office (2010a) *Report on Vital Statistics*. Dublin: The Stationery Office.
- Central Statistics Office (2010b) *Survey on Income and Living Conditions 2009*, Dublin: The Stationery Office.
- Central Statistics Office (2012) *Census 2011 Statistics on Lone Parent Families*. Dublin: The Stationary Office.
- Cerbone, D. R. (2009) *Heidegger: A Guide for the Perplexed (2nd Ed.)*. London: Continuum International Publishing Group
- Charmaz, K. (2006) *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. London: SAGE.

- Chase, S. E. (2005) 'Narrative Inquiry: Multiple Lenses, Approaches, Voices', in Denzin, N. K. & Y. Lincoln (3rd Ed.) *Handbook of Qualitative Research*. California: Thousand Oaks: SAGE. 651–79.
- Chase-Lansdale, P. L., & J. Brooks-Gunn (1995) *Escape from Poverty: What Makes a Difference for Children?* New York: Cambridge University Press.
- Chase, E., Maxwell C., Knight A. & P. Aggleton (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): 437–51.
- Cherrington, J. & Breheny, M. (2005) 'Politicizing Dominant Discursive Constructions about Teenage Pregnancy: Re-Locating the Subject as Social', *Health*, 9(1): 89 – 111.
- Clarke, S. (1999) 'What do we know about Unmarried Mothers?' in J. Wong, & D. Checkland, D. (Eds.), *Teen Pregnancy and Parenting: Social and Ethical Issues*, Toronto: University of Toronto Press. 10–24.
- Cocks, A. (2006) 'The Ethical Maze: Finding an Inclusive Path Towards Gaining Children's Agreement to Research Participation', *Childhood*, 13 (2): 247-266.
- Coleman, J. S. (1988) 'Social Capital in the Creation of Human Capital', *American Journal of Sociology*, 94, Supplement: Organizations and Institutions: Sociological and Economic Approaches to the Analysis of Social Structure. S95-S120.
- Coleman, J.S. (1994) 'Social Capital, Human Capital and Investment in Youth', in A. Petersen and J. Mortimer (Eds) *Youth Unemployment and Society*. Cambridge: Cambridge University Press.
- Coley, R. & P. Chase-Lansdale (1998) 'Adolescent Pregnancy and Parenthood: Recent Evidence', *American Psychologist*, 53(2): 152–66.
- Cooley, C. H. (1902) *Human nature and social order*. New York: Charles Scribner's Sons.
- Condon, J. T., Boyce, P. & Corkindale C. J. (2004). The First-Time Fathers Study: A Prospective Study of the Mental Health and Wellbeing of Men during the Transition to Parenthood. *Australian and New Zealand Journal of Psychiatry*, 38(1–2): 56–64.
- Coney, S. (2004) *Effective Consumer Voice and Participation for New Zealand: A Systematic Review of the Evidence*. Discussion Document. New Zealand Guidelines Group.
- Conger et al et al, K. J., Conger et al et al, R. D., & L. V. Scaramella,(1997) Parents, Siblings, Psychological Control and Adolescent Adjustment. *Journal of Adolescent Research*, 12: 113-138.

Cooke, J. & J. Owen (2007) 'A Place of Our Own'? Teenage Mothers' Views on Housing Needs and Support Models', *Children & Society*, 21: 56-68.

Corsaro, W. A. (2005) *The Sociology of Childhood*. London: SAGE.

Coyne, I. (2009) 'Research with Children and Young People: The Issue of Parental (Proxy) Consent', *Children & Society*, 24: 227-237.

Crespi, F. (1992) *Social Action and Power*. Oxford: Blackwell.

Creswell, J. W. (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Thousand Oaks, CA: SAGE.

Cresswell, J. W. (2009) *Research Design: Qualitative, Quantitative and Mixed Method Approaches* (3rd ed.). Thousand Oaks, California: SAGE.

Crosse, R &. Millar, M. (2015) 'Parenting Alone in Contemporary Ireland' in C. O'Doherty & A. Jackson (Eds) *Learning on the Job: Parenting in Modern Ireland*. Cork: Oak Tree Press.

Crotty, M. (1996) *Phenomenology and Nursing Research*. Melbourne: Churchill Livingstone.

Crotty, M. (1998) *The Foundation of Social Research: Meaning and Perspective in the Research Process*. Sydney, Australia: Allen & Unwin.

Daguerre, A & Nativel, C (2006) Introduction: The Construction of Teenage Pregnancy as a Social Problem. In Daguerre, A. & Nativel, C. (Eds.) *When Children Become Parents: Welfare State Responses to Teenage Pregnancy*. Bristol: The Policy Press. 1-20.

Daley, A., Sadler, L. S., & H. D. Reynolds (2013) Tailoring Clinical Services to Address the Unique Needs of Adolescents from the Pregnancy Test to Parenthood. *Current Problems in Pediatric and Adolescent Health Care*, 43(4): 71-90.

Darling, V. (1984). *And Baby Makes Two*. Dublin: Federation of Services for Unmarried Parents and Their Children.

Davies, L. McKinnon, M. & P. Rains (2001) 'Creating a Family: Perspectives from Teen Mothers', *Journal of Progressive Human Services*, 12 (1): 83-100.

Deave, T, Johnson, D. & J. Ingram (2008) 'Transition to Parenthood: The Needs of Parents in Pregnancy and Early Parenthood'. *BMC Pregnancy and Childbirth*, 8: 30-36.

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.

Dempsey, M., Heslin, J. & Bradley, C. (2001) *The Experience of Teenage Pregnancy in the South East of Ireland*. Synopsis of a detailed report submitted to the South Eastern Health Board.

Denyer, S. Thornton, L. & H. Pelly (1998) *Best Health for Children, Developing a Partnership with Families – A Progress Report*. Dublin: National Conjoint Child Health Committee.

Denzin, N. K. & Y Lincoln (2013) *Collecting and Interpreting Qualitative Materials (4th Ed.)*. Thousand Oaks, California. SAGE.

Department of Health (1994). *Shaping a Healthier Future*. Dublin: Stationery Office.

Department of Children & Youth Affairs (2004) *Young Voices, Guideline on How to Involve Children & Young People in your Work*. Office of the Minister for Children & Youth Affairs. Dublin: The Stationery Office.

Department of Children & Youth Affairs (2006a) *The Child's Right to be Heard in the Healthcare Setting: Perspectives of Children, Parents and Health Professionals*. Office of the Minister for Children & Youth Affairs. Dublin: The Stationery Office.

Department of Children & Youth Affairs (2006b) *Giving Children a Voice: Investigation of Children's Experiences of Participation in Consultation and Decision Making in Irish Hospitals*. Children & Youth Affairs. Dublin: The Stationery Office.

Department of Health & Children (1999) *Children First: National Guidelines for the Protection & Welfare of Children*. Dublin: The Stationery Office.

Department of Health & Children (2000) *The National Children's Strategy: Our Children- Their Lives*. Dublin: The Stationery Office.

Department of Health & Children (2001a) *Quality and Fairness: A Health System for You, Health Strategy*. Dublin: The Stationery Office.

Department of Health & Children (2001b) *Primary Care: A New Direction*. Dublin: The Stationery Office.

Department of Health & Children (2004) *Guidelines for Community Involvement in Health. Position Paper of the National Primary care Steering Group*. Dublin: The Stationery Office.

Department of Health & Children (2005) *Review of the National Health Promotion Policy 2000-2005*. Dublin: The Stationery Office.

Department of Health & Children (2007a) *The Agenda for Children's Services: A Policy Handbook*. Dublin: Department of Health & Children.

Department of Health & Children (2007b) *Promoting the Well-being of Families and Children: A Study of Family Support Services in the health sector in Ireland*. Dublin: The Stationery Office.

Department of Health & Children (2010) *Growing Up in Ireland: National Longitudinal Study of Children, The Infants and Their Families, Infant Cohort, Report One*. Dublin: The Stationery Office.

Department of Health & Children (2012) *Future Health: A Strategic Framework for Reform of the Health Service 2012 – 2015*. Dublin: Department of Health.

Department of Health & Children & Health Service Executive (2008) *National Strategy for Service User Involvement in the Irish Health Service 2008-2013*. Dublin: Department of Health.

DeWitt, L. & J. Ploeg, (2006) 'Critical Appraisal of Rigour in Interpretive Phenomenological Nursing Research', *Journal of Advanced Nursing*, 55(2): 215–29.

Dilthey, W. (1989) 'The Relationship of the Human Sciences to the Natural Sciences' in Makkreel, R.A. & R. Frithjof, (Eds.) *Wilhelm Dilthey: Selected Works. Volume 1*. Princeton, New Jersey: Princeton University Press. 66-71.

Dockett, S. & B. Perry (2007) 'Trusting Children's Accounts in Research', *Journal of Early Childhood*, 5(1): 47-63.

Dowling, M. (2005) 'From Husserl to Van Manen. A Review of Different Phenomenological Approaches', *International Journal of Nursing Studies*, 44:131-142.

Dowling, M. (2011) 'Phenomenological Research Approaches: Mapping The Terrain of Competing Perspectives', in G. Thompson, F. Dykes & S. Downe, (Eds.), *Qualitative Research in Midwifery and Childbirth: Phenomenological Approaches*, London: Routledge.

Draper, M. (1997). *Involving Consumers in Improving Hospital Care: Lessons From Australian Hospitals*. Canberra: Commonwealth Department of Health & Family Services.

Dublin City University (2012) RN4CAST – *Workforce Planning for the Nursing Profession: Current Perspectives and Recent Research Findings for Ireland*. Research Update No.3 of 3. Dublin: Dublin City University.

Duncan, S. (2007) 'What's the Problem with Teenage Parents? And What's the Problem with Policy?' *Critical Social Policy*, 27(3):307–334.

Durkheim, E. (1964) *The Rules of Sociological Method*. In Jones, L.J., (1994) *The Social Context of Health and Health Work*. Macmillan Press: London.

- Durkheim, E. (1938 [1895]) *The Rules of Sociological Method*. New York: Free Press.
- Durkheim, E. (1982 [1895]) *Rules of sociological method* (W. D. Halls, Translation). New York: The Free Press.
- Durkheim, E., (1914 [1974]) 'The Dualism of Human Nature and its Social Conditions'. In Bellah. R.N. (Ed.) *Emile Durkheim on Morality and Society*, Chicago: University of Chicago Press.
- Elder-Vass, D. (2010) *The Causal Power of Social Structures: Emergence, Structure and Agency*. Cambridge: Cambridge University Press.
- Elfenbein, D. S. & M. E Felice (2003) 'Adolescent Pregnancy', *Pediatric Clinics of North America*, 50(4):781–800.
- Elder, GH, Jr (1996) 'Human lives in changing societies' In: Cairns, R. B.; Elder, GH., Jr.; & E. Costello (Eds). *Developmental science*. Melbourne: Cambridge University Press.31-62.
- Elder, G.H., Jr.; Johnson, M.K. & R. Crosnoe (2003) 'The emergence and development of life course theory'in: Mortimer, JT. & M.J.Shanahan (Eds). *Handbook of the life course*. Kluwer Academic / Plenum; New York. . 3-22.
- Emmanuel, E., Wendler, D. & C. Grady (2000) 'What Makes Clinical Research Ethical'? *Journal of the American Medical Association*, 283(20): 2701-2711.
- Erikson, E. H. (1968) *Identity: Youth and Crisis*. New York: Norton.
- Erikson, E.H. (1996) *Dialogue with Erik Erikson*. Richard I. Evans (Ed.), Jason Aronson
- Ezzy, D. (2002) *Qualitative Analysis: Practice and Innovation*. St Leonards, New South Wales: Allen & Unwin.
- Fahey, T. & P. Keilthy (2013) '*Absent Fathers, Absent Siblings: Two Sides of Lone Parenthood for Children*'. UCD Geary Institute Discussion Paper Series; Geary WP2013/03 Dublin: University College Dublin Press.
- Fanning B. (2004) "Locating Irish Social Policy" in: ed. B. Fanning, G. Kiely, P. Kennedy & S. Quin (Eds).*Theorising Irish Social Policy*. Dublin: University College Press. pp.6-22.
- Festinger, L. (1954). A Theory of Social Comparison Processes. *Human Relations*, 7(2):117-140.
- Finnegan P. Mc Kinstry E. & G.E. Robinson (1982) Denial of Pregnancy and Childbirth. *Canadian Journal of Psychiatry*, 27: 672-674.

- Fisher, P. & J. Owen (2008) 'Empowering Interventions in Health and Social Care: Recognition Through "Ecologies of Practice"', *Social Science & Medicine*, 67(12): 2063–71.
- Ford, P., & B. McCormack (2000) 'Keeping the Person in the Centre of Nursing', *Nursing Standard* 14(46), 40-44.
- Foucault, M. (1977) *Discipline and Punishment. The Birth of the Prison*. London: Penguin.
- Foucault, M. (1982) The Subject and Power. *Critical Inquiry*, 8 (4), 777–795.
- Foucault, M. (1986) Disciplinary Power and Subjection. In Lukes S. (Ed.) *Power*. Oxford: Basil Blackwell and New York University Press. 229–242.
- Foucault, M. (1998) *The History of Sexuality: The Will to Knowledge*, London, Penguin.
- Freake, H., Barley, V. & G. Kent (2007) 'Adolescents' Views of Helping Professionals: A Review of The Literature', *Journal of Adolescence*, 30(4): 639–53.
- Freire, P. (1972) *Pedagogy of the Oppressed*, Harmondsworth: Penguin.
- Gadamer, H. G. (1975). *Philosophical Hermeneutics*. Berkeley: University of California Press.
- Garrett, P. (2000) 'The Abnormal Flight: The Migration and Repatriation of Irish Unmarried Mothers', *Social History*, 25 (3): 330-344.
- Garrett, P. (2004) *Social Work and Irish People in Britain: Historical and Contemporary*. London: Policy Press.
- Gans, J. E. & C. D Brindis. (1995) 'Choice of research setting in understanding adolescent health problems' *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 17(5): 306–13.
- Gaventa, J. (1980) *Power and Powerlessness: Quiescence and Rebellion in an Appalachian Valley*. Oxford: Clarendon Press.
- Gaventa, J. (2005) Reflections on the Uses of the 'Power Cube' Approach for Analyzing the Spaces, Places and Dynamics of Civil Society Participation and Engagement, CFP evaluation series 2003–2006 no. 4, The Hague: MBN Secretariat.
- Geronimus, A. T. (2003) 'Damned If You Do: Culture, Identity, Privilege, and Teenage Childbearing in the United States', *Social Science & Medicine*, 57 (5): 881–93.
- Giddens, A. (1979). *Central Problems in Social Theory: Action, Structure and Contradiction in Social Analysis*. London: Macmillan.

- Giddens, A. (1982) *Profiles and Critiques in Social Theory*. London: Macmillan.
- Giddens, A. (1984) *The Constitution of Society: Outline of the Theory of Structuration*. Cambridge: Polity Press.
- Giddens, A. (1993). *New rules of sociological methods: A positive critique of interpretive sociologies*. Cambridge, UK: Polity Press.
- Goepinnger, J., Lassiter, P. and B. Wilcox (1982) Community Health is Community Competence. *Nursing Outlook*, 30: 464-467.
- Goffman, E. (1955) 'On Face-work: An Analysis of Ritual Elements of Social Interaction. *Psychiatry: Journal for the Study of Interpersonal Processes*. 18(3), 213-231.
- Goffman, E. (1959) *The Presentation of Self in Everyday Life*. London: Penguin Books.
- Goffman, E. (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Garden City, New York: Anchor Books.
- Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*. New Jersey: Prentice Hall.
- Goffman, E. (1967) *Interaction Ritual: Essays in Face-to-Face Behaviour*. New Jersey: Transaction Publishers.
- Goffman, E. (1971) *Relations in Public: Microstudies of the Public Order*. New York: Basic Books.
- Goffman, E. (1983) 'The Interaction Order', *American Sociological Review*. 48 (1): 1-17.
- Government of Ireland (2000) *The National Children's Strategy: Our Children – Their Lives*. Dublin: The Stationery Office.
- Government of Ireland (2001) *Children Act, 2001*. Dublin: The Stationery Office.
- Government of Ireland (2007) *Transforming Ireland – A Better Quality of Life for All: Ireland National Development Plan 2007-2013*. Dublin: The Stationery Office.
- Graham, H. & E. McDermott (2005) 'Qualitative Research and the Evidence Base of Policy: Insights from Studies of Teenage Mothers in the UK', *Journal of Social Policy*, 35 (1): 21–38
- Greene, S. & D. Hogan (2005) *Researching Children's Experience, Approaches and Methods*. London: SAGE.
- Greig, A., Taylor J. & T. Mackay (2013) *Doing Research with Children (3rd Ed.)*. London: SAGE.



- Guba, E. G. (1990) *The Paradigm Dialog*. London: SAGE.
- Guba, E. G. & Lincoln, Y. S. (1994) Competing Paradigms in Qualitative Research. In: Denzin, N. K. & Lincoln, Y. S. (Eds.) *Handbook of Qualitative Research*. Thousand Oaks, California: SAGE. 105-117.
- Guignon, C. (2009) 'Becoming a Person: Hermeneutic Phenomenology's Contribution', *New Ideas in Psychology*, 30: 97–106.
- Habermas, J. (1987) *Theory of Communicative Action, Vol. 2: Lifeworld and System: A Critique of Functionalist Reason*, Boston, Massachusetts: Beacon Press.
- Habermas, J. (1984) *The Theory of Communicative Action Vol. 1: Reason and the Rationalization of Society*, Cambridge, Polity Press.
- Hadfield, L., Rudoe, N., & J. Sanderson-Mann (2007) 'Motherhood, Choice and the British Media: A Time to Reflect', *Gender & Education*, 19(2): 255-263.
- Hall, G. S. (1904) *Adolescence: Its Psychology and Its Relations to Psychology, Anthropology, Sociology, Sex, Crime, Religion, and Education*. New York: Appleton.
- Hagestad, G. O. & B. L. Neugarten (1985) "Age and the Life Course." In *Handbook of Aging and the Social Sciences*, R. H. Binstock and E. Shanas (Eds.). New York: Van Nostrand Reinhold.
- Hanafin, S. (1997) 'The Role of the Irish Public Health Nurse, Manager, Clinician and Health Promoter', *Health Visitor*, 70(8): 295-297.
- Hanna, B. (2001) 'Negotiating Motherhood: The Struggles of Teenage Mothers', *Journal of Advanced Nursing*, 34(4): 456–64.
- Hannan, C. (2008) *The Changing Nature of Family Formation in Ireland*. Unpublished Ph.D. Thesis Nuffield College: University of Oxford.
- Hart, R. (1992) *Children's Participation: from Tokenism to Citizenship*. Florence, Italy: UNICEF Innocenti Research Centre.
- Hayes, J. (1985) *My Story*. Kerry: Brandon Press.
- Healy, M. (2011) 'Heidegger's Contribution to Hermeneutic Phenomenological Research' in G. Thompson, F. Dykes & S. Downe (Eds.), *Qualitative Research in Midwifery and Childbirth: Phenomenological Approaches*, London: Routledge.
- Heath, S., Charles, V., Crow, G., & R. Wiles (2007) 'Informed Consent, Gatekeepers and Go Betweens: Negotiating Consent in Child and Youth Orientated Institutions', *British Educational Research Journal*, 33(3): 403-417.

Health Boards Executive (HeBe) (2002) *Community Participation Guidelines: Part 1: Health Strategy Implementation Project*. Dublin: Health Boards Executive (HeBe).

Health Service Executive (2008) *Engaging Children in Planning, Design, Development, Delivery and Evaluation of Services*. Document Proposal prepared by the Expert Advisory Group for Children. Dublin: Health Service Executive.

Health Service Executive (2009) *Adolescent Friendly Quality Assessment Tools [AFQuaTa]. Programme of Action for Children*. Dublin: Health Service Executive.

Health Service Executive (2012) *Driving Change in Immunisation: The Role of the National Immunisation Office 2005–2011*. Dublin: Health Service Executive.

Health Service Executive & Department of Health & Children (2008) *Draft Strategy for Promoting Service User Involvement in Health & Social Services* [Unpublished paper].

Heidegger, M. (2011) *Being and Time* (Macquarrie J. & Robinson E., Translation). New York: Harper & Row (Original work published 1927).

Heidegger M. (1949) *Existence and Being* (Barton, W.B & Deutch, V., Translation). Chicago: Henry Regnery Company.

Heidegger, M. (1962) Being and Time. In Walters, A.J. (1990) The Phenomenological Movement: Implications for Nursing Research. *Journal of Advanced Nursing*. 22: 791-799.

Hellawell, D. (2006). 'Inside-out; Analysis of the Insider-outsider Concept as a Heuristic Device to Develop Reflexivity in Students Doing Qualitative Research' *.Teaching in Higher Education*, 11. (4) pp 483-494.

Hertz, R. (1997). *Reflexivity and Voice*. Thousand Oaks, CA: SAGE.

Higginbottom, G. & G. Britain (2005) *An Exploration of the Teenage Parenting Experiences of Black and Minority Ethnic Young People in England: Final Report*. University of Sheffield: School of Nursing & Midwifery.

Holloway, J. (1997) *Basic Concepts for Qualitative Research*. Oxford: Blackwell Scientific Press.

Holzemer, W. (1992) 'Linking Primary Health Care and Self Care Through Case Management', *International Nursing Review*. 39(3): 83-89.

Hongling, X. Cairns, B. D. & Cairns, R. B. (2001) 'Predicting Teen Motherhood and Teen Fatherhood: Individual Characteristics and Peer Affiliations', *Social Development*, 10 (4): 488-511.

Horgan, G. (2001) 'Changing Women's Lives in Ireland' *International Socialism Journal* Summer 2001 Available at <http://pubs.socialistreviewindex.org.uk/isj91/horgan.htm> Accessed on 2/4/2014.

Houston, S. and Mullan-Jensen, C. (2011). Towards depth and width in Qualitative Social Work: Aligning interpretative phenomenological analysis with the theory of social domains. *Qualitative Social Work*, 11(3), p.266-28.

House of the Oireachtas (2012) *Thirty First Amendment of the Constitution Children Bill, 2012*. Dublin: House of the Oireachtas.

Hovorka, D. S. & A. S Lee (2010) *Reframing Interpretivism and Positivism as Understanding and Explanation: Consequences for Information Systems Research*. International Conference on Information Systems (ICIS) Paper 188.

Hudson D. Elk S. & M. Flek (2001) First Time Mothers and Fathers Transition to Parenthood: Infant Care, Self-Efficacy, Parenting Satisfaction and Infant Sex. *Issues in Comprehensive Paediatric Nursing*. 24, 31–43.

Husserl, E. (1913) *Ideas: General Introduction to Pure Phenomenology*, (Translated by Gibson, W. R.) (1962). London: Collier Macmillan.

Hyde, A. (2000). 'Age and Partnership as Public Symbols: Stigma and Non-marital Motherhood in an Irish context'. *The European Journal of Women's Studies*, 7:71-89.

Inglis, T. (2003) *Truth, Power and Lies: Irish Society and the Case of the Kerry Babies*. Dublin: University College Dublin Press

Irish Nurses and Midwives Organisation (2012) *INMO Says Comparative Survey Confirms Nurse Staffing Levels In Ireland At Critical Levels*. Press Release on the 29.11.12. Dublin. Irish Nurses and Midwives Organisation.

Jacobson, L., Richardson, G., Parry-Langdon, N. & C. Donovan (2001) 'How do Teenagers and Primary Healthcare Providers View Each Other? An Overview of Key Themes', *British Journal of General Practice*, 51: 811-816.

Jaffee, S., Caspi, A., Moffitt, T., Belsky, J. & P. Silva. (2001) 'Why are Children Born to Teen Mothers at Risk for Adverse Outcomes in Young Adulthood? Results from a 20 Year Longitudinal Study', *Development & Psychopathology*, 13(2): 377–97.

Johnston-Roberts, K. (1999) 'Patient Empowerment in the United States: A Critical Commentary', *Health Expectations*, 2: 82-92.

Jones, O. (2011) *Chavs: The Demonization of the Working Class*, London: Verso.

Jones, R. & Bradley, E. (2007) 'Health Issues for Adolescents'. *Pediatrics & Child Health*. 17(11): 433-438.

- Kanter, R. M. (1977) *Men and Women of the Corporation*. New York: Basic Books.
- Kanter R.M. (1993) *Men and Women of the Corporation*, (2nd Ed.) New York: Basic Books.
- Kaplan, P. S. (2004) *Adolescence*. Boston: Houghton Mifflin Company.
- Kendall, P. C. (2006) (Ed.) *Cognitive Behavioural Therapy with Adolescents (3rd Ed.)*. New York: Guildford Press.
- Kilkelly, U. & Donnelly, M. (2011). Participation in Healthcare: the Views and Experiences of Children and Young People. *The International Journal of Children's Rights*. 19(1): 107–125.
- Kitwood, T (1997) *Dementia Reconsidered: the Person Comes First*. Buckingham: Open University Press.
- Klostermann, B. K., Nebrig, D. M., Tivorsal, T. L. & M. T Britto, (2005) 'Earning Trust and Losing it: Adolescents 'Views on Trusting Physicians'', *Journal of Family Practice*. 54 (8): 679–688.
- Koch, T. (1996) 'Implementation of a Hermeneutic Inquiry in Nursing: Philosophy, Rigour and Representation' *Journal of Advanced Nursing*, 24(1): 174–84.
- Koch, T. (1999) 'An Interpretive Research Process: Revisiting Phenomenological and Hermeneutical approaches', *Nurse Researcher*. 6(3): 20-34.
- Koch, T. (2006) 'Establishing Rigour in Qualitative Research: The Decision Trail', *Journal of Advanced Nursing*. 53: 91-100.
- Koffman, O. (2012) Children having Children? Religion, Psychology and the Birth of the Teenage Pregnancy Problem. *History of the Human Sciences*, 25(1), 119–134.
- Kringos, D. S., Boerma, W. G. W., Hutchinson, A., van der Zee1, J. & P. Groenewegen (2010) 'The Breadth of Primary Care: A Systematic Literature Review of Its Core Dimensions', *Health Services Research*, 10: 65-72.
- Kruk, M. E., Porignon, D., Rockers, P. C. & W. Van Lerberghe. (2010) 'The Contribution of Primary Care to Health and Health Systems in Low- and Middle-Income Countries: A Critical Review of Major Primary Care Initiatives', *Social Science & Medicine*, 70 (6) 904–911.
- Lalor, K, de Roiste A & M. Devlin (2007) *Young People in Contemporary Ireland*. Dublin: Gill & Macmillan.
- Lamb, J., Puskar, K. R. & K. Tusaie-Mumford (2001) 'Adolescent Research Recruitment Issues and Strategies: Application in a Rural School Setting', *Journal of Pediatric Nursing*, 16(1): 43–52.

- Laverty, S. M. (2003) 'Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations', *International Journal of Qualitative Methods*, 2 (3): 1–29.
- Layder, D. (1993) *New Strategies in Social Research*. Cambridge: Polity Press.
- Layder, D. (1997) *Modern Social Theory: Key Debates and New Directions*. London: UCL Press.
- Layder, D. (1998) *Sociological Practice: Linking Theory and Social Research*. London: SAGE.
- Layder, D. (2004) *Social and Personal Identity: Understanding Yourself*. London: SAGE.
- Layder, D. (2006) *Understanding Social Theory*. (2nd ed). London: SAGE.
- Lerner, R. M., Freund, A. M., De Stefanis, I. & T. Habermas (2001) 'Understanding Developmental Regulation' in Adolescence: The Use of the Selection, Optimization, and Compensation Model', *Human Development*, 44: 29-50.
- Lerner, R. M. (2002) (3rd Ed.) *Concepts and Theories of Human Development*. New Jersey: Laurence Erlbaum Associate, Inc.
- Lerner, R. M. & N. L. Galambos (1998) Adolescent Development: Challenges and Opportunities for Research Programs, and Policies. *Annual Review of Psychology*, 49: 413-446.
- Lerner, R. M. & M. B. Kaufman (1985) The Concept of Development in Contextualism. *Developmental Review*, 5: 309-333.
- Lerner, R. M., Fisher C. B. & R.A. Weinberg. (2000) 'Toward a Science for and of the People: Promoting Civil Society through the Application of Developmental Science', *Child Development*, 71(1): 11-20.
- Lerner, R. M., Lerner, J. V., Almerigi, J., Theokas, C., Phelps, E., Gestsdottir, S., Naudeau, S., Jelicic, H., Alberts, A. E., Ma, L., Smith, L. M., Bobek, D. L., Richman-Raphael, D., Simpson, I., Christiansen, E. D., & A. von Eye (2005) 'Positive youth development, participation in community youth development programs, and community contributions of fifth grade adolescents: Findings from the first wave of the 4-H Study of Positive Youth Development', *Journal of Early Adolescence*, 25(1): 17-71.
- Lessa, I. (2005) 'Discursive Struggles within Social Welfare: Restaging Teen Motherhood', *British Journal of Social Work*, 36(2): 283–298.
- Lewis, A. (2002). 'Accessing Through Research Interviews The Views of Children with Difficulties In Learning', *Support for Learning*, 17(3): 110-116.

- Link, B. G. & J. C. Phelan (2001) Conceptualizing Stigma. *Annual Review of Sociology*, 27, 363-385.
- Lopez, J. & J. Scott (2000) *Social Structure*. Buckingham, UK: Open University Press.
- Luddy, M. (2011) 'Unmarried Mothers in Ireland, 1880-1973', *Women's History Review*, 20(1): 109–26.
- Lukes, S. (1974). *Power: A Radical View*. London: Macmillan.
- Lukes S. (2005). *Power: A Radical View*. (2<sup>nd</sup> Edition). London: Palgrave Macmillan.
- Lutz, B. & B. Bowers (2000) 'Patient-Centered Care: Understanding its Interpretation and Implementation in Healthcare', *Scholarly Inquiry for Nursing Practice*, 14(2): 165-187.
- Lyons, S., Collins, C., & A. Staines (2001) *Are Universally Available Supports for Families Effective and Efficient?* Department of Public Health Medicine and Epidemiology, Dublin: University College Dublin Press.
- Mack, R., Giarelli, E., & B. A. Bernhardt (2009) 'The Adolescent Research Participant: Strategies for Productive and Ethical Interviewing', *Journal of Pediatric Nursing*, 24(6): 448–457.
- Mackey, S. (2005) 'Phenomenological Nursing Research: Methodological Insights Derived from Heidegger's Interpretive Phenomenology', *International Journal of Nursing Studies*, 42: 179–186.
- Macleod, C. (1999) Teenage Pregnancy and its 'Negative' Consequences: Review of South African Research — Part 1' *South African Journal of Psychology*, 29:1-7.
- Macleod, C. (2003) 'Teenage Pregnancy and the Construction of Adolescence: Scientific Literature in South Africa', *Childhood*, 10(4): 419–437.
- Macleod, C. & T. Tiffany (2010) 'A Decade Later: Follow-Up Review of South African Research on the Consequences of and Contributory Factors in Teen-Aged Pregnancy', *South African Journal of Psychology*, 40(1): 18-31.
- Macvarish, J., (2010) Understanding the Significance of the Teenage Mother in Contemporary Parenting Culture. *Sociological Research* [online]. Available; <http://www.socresonline.org.uk/15/4/3.html> [Accessed 4.9. 2011].
- Marcell, A. V. & B. L Halpern-Felsher (2005) 'Adolescents' Health Beliefs are Critical in Their Intentions to Seek Physician Care', *Preventive Medicine*, 41: 118–125.
- Marx, K. (1978 [1859]) 'Preface to a Contribution to the Critique of Political Economy', in R. C. Tucker (Ed.), *The Marx-Engels Reader*. 3–6. New York: W. W. Norton.

- Mason, M. (2010) 'Sample Size and Saturation in PhD Studies Using Qualitative Interviews', *Forum: Qualitative Social Research: Sozialforschung*, 11(3): available at <http://www.qualitative-research.net/index.php/fqs/article/view/1428/3027> Accessed on 09 May 2010.
- Mason, C. & J. Clarke (2001) *A Nursing Vision of Public Health: All Ireland Statement on Public Health and Nursing*. Dublin: Department of Health, Social Services and Public Safety.
- Matlerud, K. (2001) 'Qualitative Research: Standards, Challenges and Guidelines', *The Lancet* 358(9280): 483–8.
- Mayall, B. (2001) 'The Sociology of Childhood in Relation to Children's Rights', *The International Journal of Children's Rights*. 8: 243-259.
- Maynard, R. A. (1997) *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: Urban Institute Press.
- McAdams, D.P. (1988) Biography, Narrative and Lives: An Introduction. *Journal of Personality*, 56(1), 1-17.
- McCafferty, N. (1985) *A Woman to Blame: The Kerry Babies Case*. Dublin: Attic Press.
- McCance T.V., McKenna H.P. & Boore J.R.P., (1999) Caring: Theoretical Perspectives of Relevance to Nursing. *Journal of Advanced Nursing* 30, 1388–1395.
- McCance, T. V., McKenna, H. P. & J. R. P Boore. (1999) 'Caring: Theoretical Perspectives of Relevance to Nursing', *Journal of Advanced Nursing*, 30: 1388–1395.
- McConnell-Henry, T., Chapman, Y. & K. Francis (2009) 'Husserl and Heidegger: Exploring the Disparity', *International Journal of Nursing Practice*, 15: 7-15.
- McCormack, B. (2001) *Negotiating Partnerships with Older People: A Person-Centred Approach*. Ashgate: Basingstoke.
- McCormack, B., (2003) 'A Conceptual Framework for Person-Centred Practice with Older People', *International Journal of Nursing Practice*, 9, 202-209.
- McCormack, B. (2004) 'Person-Centredness in Gerontological Nursing: An Overview of the Literature', *International Journal of Nursing Older People*, 13(3a): 31-38.
- McCormack, B, & Ford, P (1999) 'The Contribution of Expert Gerontological Nursing', *Nursing Standard*, 13(25), 42-5.
- McCormack, B. & McCance, T. V. (2006) Development of a Framework for Person-Centred Nursing. *Journal of Advanced Nursing*, 56(5): 472–9.

- McCormack B & T.V. McCance (2010) *Person-centred Nursing: Theory and Practice*. Wiley-Blackwell, Oxford.
- McCormick, L. K., Crawford, M., Anderson, R. H., Gittelsohn, J., Kingsley, B., & D.Upton, (1999) 'Recruiting Adolescents into Qualitative Tobacco Research Studies: Experiences and Lessons Learned', *Journal of School Health*, 69, 95–99.
- McDaid, D., Wiley, M., Maresso, A. & E Mossialos (2009) *Ireland: Health system review; Health Systems in Transition*. Denmark: World Health Organisation Regional Office for Europe.
- McEvoy, R., Keenaghan, C. & A. Murray (2008) *Service User Involvement in the Irish Health Service: A Review of the Evidence*. Department of Health & Children & Health Service Executive.
- McGarry, P. (2012) 'Catholics' beliefs not always by the Book'. *The Irish Times*. Available at: [www.irishtimes.com/newspaper/ireland/2012/1130/1224327302533.html](http://www.irishtimes.com/newspaper/ireland/2012/1130/1224327302533.html) Accessed on 4/5/2014
- McKeown, K. (2001). 'Families and Single Fathers in Ireland'. *Administration*, 49(1) 3-24.
- McMurray, A. (1993) *Community Health Nursing – Primary Health Care in Practice*. (2nd ed.). Melbourne: Churchill Livingstone.
- Mead, G. H. (1934) *Mind, Self and Society*, Chicago: University of Chicago Press.
- Mead N. & P. Bower (2000) 'Patient-centeredness: A Conceptual Framework and Review of the Empirical Literature', *Social Science & Medicine*, 51, 1087–1110.
- Meek, I. (1998) 'Evaluation of the Role of the Health Care Assistant within a Community Mental Health Intensive Care Team', *Journal of Nursing Management*, 6 (1), 11-9.
- Mercer, R. T. (1986) *First-time Motherhood: Experiences from Teens to Forties*. New York: Springer.
- Millar, M. (2003) Institutionalism 'Old' and 'New', in M. Adshead & M. Millar (Eds.) *Public Administration and Public Policy in Ireland: Theory and Methods*. London: Routledge.
- Millar, M. and R. Crosse (2014) 'Irish Work/Family Policies: An Emerging Paradox' in C. Readdick (Ed) *Irish Families and Globalization: Conversations about Belonging and Identity across Space and Time*. Groves Monograph on Marriage and Family Vol.3. Detroit.



Minister of Public Works & Government Services Canada (2000) *Health Canada Policy Toolkit for Public Involvement in Decision Making*. Canada: Minister of Public Works & Government Services Canada.

Moffitt, T. E. (2002) 'Teen-Aged Mothers in Contemporary Britain', *Journal of Child Psychology & Psychiatry, & Allied Disciplines*, 43(6): 727–42.

Moore, M. R., & Brooks-Gunn, J. (2002). Adolescent parenthood. In M. H. Bornstein (Ed.), *Handbook of Parenting: Being and Becoming a Parent*, Vol. 3. (pp. 173–214) Mahwah, NJ: Lawrence Erlbaum.

Moran, D. (2000) *Introduction to Phenomenology*. London: Routledge.

Moran, D. & L.E. Embree (Eds.) (2004) *Phenomenology: Critical Concepts in Philosophy*. London: Routledge.

Morgan, D. L. (2007) 'Paradigms Lost and Pragmatism Regained: Methodological Implications of Combining Qualitative and Quantitative Methods', *Journal of Mixed Methods Research*, 1 (1): 48–76.

Morse, J. M., Barnett, N., Mayan, M., Olson, K. & J Spiers. (2002)' Verification Strategies for Establishing Reliability & Validity in Qualitative Research', *International Journal of Qualitative Methods*, 1(2): 13–22.

Murphy, F. J. & J Yelder (2010) 'Establishing Rigour in Qualitative Radiography Research', *Radiography*, 16(1): 62–67.

Murphy, M. (2009) 'What Future Lies Ahead for the Irish Welfare State?' *Irish Journal of Public Policy* 2(1). Available at: <http://publish.ucc.ie/ijpp/2010/01/murphy/02/en> Accessed on: 6/6/2014.

Myers, K. (2005) 'Mothers of Bastards-An Irishman's Diary' *The Irish Times*. Feb. 8<sup>th</sup>, p.17.

National Conjoint Child Health Committee (1999) *Best Health for Children: Developing a partnership with families*. Dublin: Best Health for Children.

National Conjoint Child Health Committee (2000) *Training of Doctors and Public Health Nurses in Child Health Surveillance*. Dublin: Best Health for Children.

National Conjoint Child Health Committee (2001) *Get Connected – Developing an Adolescent Friendly Health Service*. Dublin: Best Health for Children.

National Conjoint Child Health Committee (2002) *Investing in Parenthood to Achieve Best Health For Children*. Dublin: Best Health for Children.

National University of Ireland, (2013) *Draft Policy Statement on Ensuring Research Integrity in Ireland*. National University of Ireland

Neugarten, B., Moore, J. W., & J. C Lowe. (1965) Age Norms, Age Constraints and Adult

Socialization. *American Journal of Sociology*, 70, 710–717.

Nolan, M, Davies, S, Brown, J, Keady, J, & J. Nolan (2004) ‘Beyond Person-Centred Care: A New Vision for Gerontological Nursing’, *Journal of Clinical Nursing*, 13, (3a), 45-53.

Nuremburg Code (1949) *Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law*, (10) 2: 181-182. Washington, D.C.: U.S. Government Printing Office.

Obeid, A. (2001) ‘Perceptions of User Participation in Health Care’, *Journal of Community Nursing*, 14(4): 13-19.

Oberg, C., Hogan, M., Bertrand, J., & C. Juve (2002) ‘Health Care Access, Sexually Transmitted Diseases, and Adolescents: Identifying Barriers and Creating Solutions’, *Current Problems in Pediatric and Adolescent Health Care*, 32 (9): 320–339.

Office of Health Management (2003) *Public and Patient Participation in Healthcare: A Discussion Paper for the Irish Health Services*. Ireland: Office of Health Management.

Office of the Attorney General (1970) *Health Act 1970*. Irish Statute Book, Ireland: Government Publications.

Office of the Attorney General (2001) *Children Act 2001*. Irish Statute Book, Ireland: Government Publications.

Office of the Minister for Children & Department of Health & Children (2006) *State of the Nation’s Children Ireland 2006*. Office of the Minister for Children. Dublin: The Stationery Office.

Omery, A. (1983) ‘Phenomenology: A Method for Nursing Research’, *Advances in Nursing Science*, 5(2): 49-63.

O’Dwyer, P. (2012) *A Report on the Child & Family Health Needs Assessment Framework Project in the HSE Dublin Mid Leinster Public Health Nursing Service Area of Laois, Offaly, Longford & Westmeath*. Dublin: Health Service Executive.

O’Leary Z. (2004) *The Essential Guide to Doing Research*. London: SAGE.

O’Reilly, M. & N. Parker (2012) ‘Unsatisfactory Saturation’: A Critical Exploration of the Notion of Saturated Sample Sizes’, *Qualitative Research*, 13(2): 190 –197.

- Oveid, A. (2000) 'Perceptions of User Participation in Health Care', *Journal of Community Nursing*, 14 (4), available at <http://www.jcn.co.uk> accessed on 12/09/2010.
- Padgett, D. (2008). *Qualitative Methods in Social Work Research*. Los Angeles: SAGE.
- Paley, J. (2005) 'Phenomenology as Rhetoric', *Nursing Inquiry*, 12(2): 106–16.
- Parahoo, K. (1997) *Nursing Research: Principles, Process and Issues*. London: Macmillan Press.
- Parahoo, K. (2006) *Nursing Research, Principles, Process and Issues (2nd ed.)*. Hampshire: Palgrave Macmillan.
- Parsons, T. (1940) An Analytical Approach to the Theory of Social Stratification. *The American Journal of Sociology* 45, 841–62.
- Parsons, T. (1951) *The Social System*. London: Routledge.
- Pascal, J. (2010) Phenomenology as a Research Method for Social Work Contexts: Understanding the Lived Experience of Cancer Survival. *New Scholarship in the Human Services*. 9(2): 2-21.
- Passer, M.W. & R.E. Smith (2001) *Psychology: Frontiers and Applications*. Boston: McGraw-Hill.
- Patton, M. Q. (1987) *How to Use Qualitative Methodology in Evaluation*. London: SAGE.
- Patton, M. Q. (1990) *Qualitative Research and Evaluation Methods*. London: SAGE.
- Patton, M. Q. (2002) *Qualitative Research and Evaluation Methods (3rd ed.)*. Thousand Oaks, California: SAGE.
- Pinto, K. C. (2004) 'Intersections of Gender and Age in Health Care: Adapting Autonomy and Confidentiality for the Adolescent Girl', *Qualitative Health Research*, 14: 78–99.
- Poulton, B., Mason, C., McKenna, H, Lynch, C. & S. Keeney (2000) *The Contributions of Nurses, Midwives and Health Visitors to the Public Health Agenda*. Belfast: Department of Health, Social Services & Public Safety.
- Power M.J. (2011) 'The "Teenage Dad" and "Slum Mums" are Just "Certain People I Know": Counter Hegemonic Representations of the Working Underclass in the Works of Morrissey', in Devereux E., Dillane A. & Power M.J. (Eds.) *Morrissey, Fandom, Representations and Identities*. Bristol: Intellect, pp.97-117.

Programme of Action for Children (2005) *Best Health for Children Revisited: Report from the National Core Child Health Programme Review Group to the Health Service Executive*. Dublin: Health Service Executive.

Rappaport J. (1984) Studies in Empowerment: Introduction to the Issue. *Prevention in Human Services*. 3: 1–7.

Rappaport, J. (1987) Terms of Empowerment/Exemplars of Prevention: Toward a Theory for Community Psychology. *American Journal of Community Psychology*, 15, 121–148.

Rawls, A.W. (1987) The Interaction Order Sui Generis: Goffman's Contribution to Social Theory. *Sociological Theory*. 5: 136–149.

Richardson V. (2004) 'Developments in Family Policy in Ireland in the Past Decade' in Childlinks: *The Journal of Barnardos' National Children's Resource Centre*, Barnardos, Dublin.

Ricoeur, P. (1976) *Interpretation Theory: Discourse and the Surplus of Meaning*. Texas: Christian University Press.

Ricoeur, P. (1981) *Hermeneutics and the Human Sciences*. Thompson J (Ed. & Translation) New York: Cambridge University Press.

Ricoeur, P. (1986) *Time and Narrative, Volume II*. Chicago: The University of Chicago Press.

Ricoeur, P. (1991) *From Text to Action: Essays in Hermeneutics II*. London: The Athlone Press.

Riordan, S. and L. Ryan (2002) *Final Evaluation Report of the Teen Parents Support Initiative*. Centre for Social & Educational Research, Dublin Institute of Technology.

Ritchie, J. Lewis, J. & G Elam. (2003). 'Designing and selecting samples' In Ritchie, J. & Lewis (Eds.), *Qualitative research practice: A Guide for Social Science Students & Researchers*. California, Thousand Oaks: SAGE.77-108.

Rogers, C. (1949) 'The Attitude and Orientation of the Counselor in Client-Centered Therapy' *Journal of Consulting Psychology*.13: 82-94.

Rolfe, G. (2006) 'Validity, 'Trustworthiness and Rigour: Quality and the Idea of Qualitative Research', *Journal of Advanced Nursing*, 53(3): 304–10.

Rosenberg, M. (1979) *Conceiving the Self*. New York: Basic Books.

Ross, N. J., Church, S., Hill, M., Seaman, P. & T. Roberts (2012) 'The Perspectives of Young Men and Their Teenage Partners on Maternity and Health Services during Pregnancy and Early Parenthood', *Children & Society*, 26(4): 304–315.

- Rowlands, J. (1997) *Questioning Empowerment: Working With Women in Honduras*. Oxford: Oxfam.
- Russell, K. (2012) 'The Chawners Last Chance: A textual analysis of the dynamics and function of middle-class disgust as seen in a televised reality programme', *Socheolas: Limerick Student Journal of Sociology*, 4 (2):45-62.
- Ryan, M. (2010) *Stepping Out from the Margins: Ireland, Morality, and Representing the Other in Irish Chick Lit*. Available at <http://nobleworld.biz/imagaes/Ryan.pdf> Accessed on: 11/11/2014
- Sacks, D. & M. Westwood (2003) 'An Approach to Interviewing Adolescents', *Pediatrics & Child Health*, 8: 554–556.
- Santelli, J. (2003) 'Guidelines for Adolescent Health Research: A Position Paper of the Society for Adolescent Medicine', *Journal of Adolescent Health*, 33(5): 396–409.
- Sarri, R. & A. Phillips (2004) 'Health and Social Services for Pregnant and Parenting High Risk Teens', *Children & Youth Services Review*, 26(6): 537–560.
- Schaeuble, K., Haglund, K. & M. Vukovich (2010) 'Adolescents' Preferences for Primary Care Provider Interactions', *Journal for Specialists in Pediatric Nursing*, 15(3): 202–10
- Schinke, S. P. (1998) 'Preventing Teenage Pregnancy', *Journal of Human Behavior in the Social Environment*, 1(1): 53-66.
- Scholl, M. F. (2007) 'Educating Adolescent Parents: Proactive Approaches by School Leader's', *Delta Kappa Gamma Bulletin*, 73(3): 28-32.
- Schütz, A. (1932 [1967]) *The Phenomenology of the Social World*. Evanston, Illinois: Northwestern University Press.
- Schütz, A. (1970). *On Phenomenology and Social Relations: Selected Writings*. (Edited by Helmut R. Wagner) Chicago, Illinois :University of Chicago Press.
- Schütz, A. (1972) *The Phenomenology of the Social World*. (Walsh G. & Lehnert, F., Translation). Evanston, Illinois: Northwestern University Press (Original work published 1932).
- Scott, T., Mannion, R., Marshall, M. and H. Davies (2003) Does Organisational Culture Influence Health Care Performance? A Review of the Evidence. *Journal of Health Services Research and Policy*, 8(2),105-117.

- Seamark, C. J. & P. Lings (2004) 'Positive experiences of teenage motherhood: a qualitative study', *The British Journal of General Practice: The Journal of The Royal College of General Practitioners*, 54(508): 813–818.
- Segal, L. (1998) 'The Importance of Patient Empowerment in Health System Reform', *Health Policy*, 44 (1): 31–44.
- Seibold, C. (2004) Young Single Women's Experiences of Pregnancy, Adjustment, Decision-making and Ongoing Identity Construction, *Midwifery*, 20(2): 171-180.
- Settersten, R. A. (2004) Age Structuring and the Rhythm of the Life Course. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the Life Course* (pp. 81–98). New York: Kluwer Academic/Plenum Publishers.
- Shields, N. & L. Pierce, (2006) 'Controversial Issues Surrounding Teen Pregnancy: A Feminist Perspective' in Holgate, H. S., Evans, R & Yuen, F.K.O (eds.). *Teenage Pregnancy and Parenthood: Global Perspectives, Issues and Interventions*. London: Routledge, pp. 129 - 148.
- Sibeon, R. (2004). *Rethinking Social Theory*. London: SAGE.
- Sinkovics, R. R. & E. A. Alfoldi. (2012) 'Progressive Focusing and Trustworthiness in Qualitative Research: The Enabling Role of Computer-Assisted Qualitative Data Analysis Software (CAQDAS)', *Management International Review*, 52: 817–845.
- SmithBattle, L. (2000) 'The Vulnerabilities of Teenage Mothers: Challenging Prevailing Assumptions: Vulnerability and Empowerment', *Advances in Nursing Science*, 23(1): 29-40.
- SmithBattle, L. (2007) 'Legacies of Advantage and Disadvantage: The Case of Teen Mothers', *Public Health Nursing*, 24(5): 409–420.
- SmithBattle, L. (2009) 'Reframing the Risks and Losses of Teen Mothering', *The American Journal of Maternal Child Nursing*, 34(2): 122-128.
- SmithBattle, L (2013). 'Reducing the Stigmatization of Teen Mothers' *The American Journal of Maternal Nursing* 38(4):235- 241.
- Smyth, A. (1992) 'A sadistic farce: Women and abortion in the Republic of Ireland' In A. Smyth (Ed.) *The Abortion Papers*. Dublin: Attic Press. (pp. 7–23).
- Spear, L. P. (2000) 'The Adolescent Brain and Age-Related Behavioral Manifestations'. *Neuroscience and Bio-behavioral Reviews*, 24: 417–463.,
- Speigelberg, H. (1960) *The Phenomenological Movement: A Historical Introduction* (2nd Ed.). The Hague, Netherlands: Nijhoff.
- Spivak, G.C. (1985) "The Rani of Sirmur: An Essay in Reading the Archives", *History & Theory*, 24 (3): 247-272.

- Starfield, B., & L. Shi (2002) 'Policy Relevant Determinants of Health: An International Perspective', *Health Policy*, 60: 201-218.
- Starfield, B., Shi, L. & J. Macinko (2005) 'Contribution of Primary Care to Health Systems and Health', *The Milbank Quarterly*, 83(3):457-502.
- Steinberg, L. (2004) 'Risk-taking in Adolescence: What Changes and Why?' *Annals of the New York Academy of Sciences*, 1021: 51-58.
- Steinberg, L. (2007) 'Risk Taking in Adolescence: New Perspectives From Brain and Behavioral Science', *Current Directions in Psychological Science*, 16(2): 55-59.
- Stets, J. E. & P.J. Burke (2000) 'Identity Theory and Social Identity Theory', *Social Psychology Quarterly*, 63(3) 224-237.
- Stuart, G. (1999) 'Government Wants Patient Partnership to be an Integral Part of the NHS', *British Medical Journal*, 319: 788.
- Such, E. & R. Walker (2005) 'Young Citizen's or Policy Objects? Children in the Rights and Responsibilities' Debate', *Journal of Sociology & Politics*, 34(1): 39-57.
- Swann et al, C., Bowe, K., McCormick, G. & M. Kosmin (2003) *Teenage Pregnancy and Parenthood: A Review of Reviews: Evidence Briefing*. London: Health Development Agency.
- Tarkka, M., Paunonen, M. & P. Laippala (2000) How First-Time Mothers Cope with Child Care While Still in the Maternity Ward. *International Journal of Nursing Practice*. 6:97-104.
- Taylor, C. (2011) Burtons' Welfare Comment Criticised. The Irish Times. July 18th. In Barnes C. & M. J. Power (2012) Internalising Discourses of Parental Blame: Voices From the Field, *Studies in the Maternal*, 4(2): 1-21.
- Thompson, A. G. H. (2007) 'The Meaning of Patient Involvement and Participation in Health Care Consultations: A Taxonomy', *Social Science & Medicine*, 64(6): 1297-310.
- Thompson, R. (2000) 'Dream On: The Logic of Sexual Practice'. *Journal of Youth Studies*, 3(4): 407-27.
- Thynne C, Gaffney G, O'Neill, M Tonge M, & C. Sherlock ( 2012) Concealed Pregnancy: Prevalence, Perinatal Measures and Socio-Demographics. *The Irish Medical Journal*, 108 (5) Available: <http://www.imj.ie/> .Accessed 20.2.2015.
- Torsch, V. L. & G. X. Ma (2000) Cross-cultural Comparison of Health Perceptions, Concerns, and Coping Strategies among Asian and Pacific Islander American Elders. *Qualitative Health Research*, 10(4): 471-89.

- Treacy A. & P. Byrne (2003) Concealed Pregnancy. *Modern Medicine*.3: 31-32.
- Treoir (2011) *Young Parenthood - Facts and Challenges: An Analysis of the Users of the Teen Parents Support Programme 2005 – 2008*. Dublin: Treoir.
- Tritter, J. Q. & A. McCallum (2006) 'The Snakes and Ladders of User Involvement: Moving beyond Arnstein', *Health Policy*, 76: 156-168.
- Tyler, I. (2008) 'Chav Mum Chav Scum', *Feminist Media Studies*, 8(1): 17–34.
- United Nations (1989) *United Nations Convention on the Rights of the Child*. UN General Assembly Document A/RES/44/25. Geneva: United Nations.
- United Nations Committee on the Rights of the Child (2003) *Committee on the Rights of the Child*. General Comment No. 5: Implementation. UN/CRC/GC/2003/1. Geneva: United Nations.
- Vallgarda, S., Krasnick, A., & K. Vrangbæk, (2001) *Denmark: Healthcare Systems in Transition*. Copenhagen: European Observatory on Healthcare Systems.
- van Manen, M. (1984). Practicing Phenomenological Writing. *Phenomenology and Pedagogy*. 2(1): 36-69.
- van Manen, M. (1990) *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. Althouse Press: Ontario.
- van Manen, M. (1997) *Researching the Lived Experience: Human Science for an Action Sensitive Pedagogy (2nd Ed.)*. Ontario: Althouse Press.
- VeneKlasen, L., & V. Miller (2002) *A New Weave of People, Power and Politics: the Action Guide for Advocacy and Citizen Participation*. World Neighbours: Oklahoma City.
- Villarruel, A. M., Jemmott III, J. B., & L. S. Jemmott (2006) 'A Randomized Controlled Trial Testing an HIV Prevention Intervention for Latino Youth', *Archives of Pediatric & Adolescent Medicine*, 160: 772-777.
- Viney, M. (1964) No Birthright: A Study of the Irish Unmarried Mother and Her Child. Dublin: *Irish Times*, p.20.
- Wahn, E. H., Nissen, E. & B.M. Ahlberg (2005) 'Becoming and Being a Teenage Mother: How Teenage Girls in South Western Sweden View Their Situation', *Health Care for Women International*, 26(7): 591–603.
- Wallerstein, N. (1992) Powerlessness, Empowerment, and Health: Implications for Health Promotion Programs. *American Journal of Health Promotion*, 6(3), 197-205.
- Weaver, K., & J. K Olson (2006) 'Understanding Paradigms Used in Nursing Research', *Journal of Advanced Nursing*, 53(4): 459-469.



- Weber, M. (1978 [1922]) *Economy and Society*. Berkeley, CA: University of California Press.
- Webster, G. (1995). 'Public Participation in Health: Empowerment or Control?' In S. Edgell, , Walklate, S. & G. Williams. (Eds.), *Debating the Future of the Public Sphere*. Aldershot: Ashgate.
- Weinberger DR, Elvevag B, & JN. Giedd (2005) The Adolescent Brain: A Work in Progress. *The National Campaign to Prevent Teen Pregnancy*: 1-36.
- Weinman, M. L., Smith, P. B. & R. S Buzi (2002) 'Young fathers: An analysis of risk behaviours and service needs', *Child & Adolescent Social Work Journal*, 19(6): 437-453.
- Weis, L. (1995) Identity Formation and the Processes of "Othering": Unraveling Sexual Threads. *Educational Foundations*, 9(1), 17–33.
- Welford, C., Murphy, K. & D. Casey (2011) 'Demystifying Nursing Research Terminology – Part 1', *Nurse Researcher*, 18(4): 40-44.
- Wellings, K. (2001). *Teenage Sexual and Reproductive Behaviour in Developed Countries: Country Report for Great Britain*. Occasional Report ( 6). New York: The Allan Gutmacher Institute.
- Wessel J, Endrikat J, & U. Buscher (2003). Elevated Risk of Neonatal Outcome Following Denial of Pregnancy: Results of a One-Year Prospective Study Compared with A Control Group *Journal of Perinatal Medicine*. 31(1): 29–35.
- Whitehead, L. (2004) 'Enhancing the Quality of Hermeneutic Research: Decision Trail', *Journal of Advanced Nursing*, 45(5): 512–518.
- Whiteley, B. L. & L .K. Brown (2010) Adolescent Pregnancy and Parenting. *Current Psychiatry Reviews*, 6(4): 269-279.
- Williams, F. (2004) *Rethinking Families*. London: Calouste Gulbenkian Foundation.
- Wilson, H. & A. Huntington (2006) 'Deviant (M) others: The Construction of Teenage Motherhood in Contemporary Discourses', *Journal of Social Policy*, 35 (1): 59-77.
- Wong, J. (1997) The 'Making' of Teenage Pregnancy. *International Studies in the Philosophy of Science*. 11: 273–88.
- World Health Organisation (1946) *Constitution*. Geneva: World Health Organisation.
- World Health Organisation (1974) *Alma Ata Declaration*. Geneva: World Health Organisation.

World Health Organization (1975) *Declaration of Alma-Ata*. Available at <http://www.who.int/hpr/docs/almaata.htm/> accessed 17.10.2010.

World Health Organisation (1978) *Primary Health Care (Health for all – Series No. 1)*. Geneva: World Health Organisation.

World Health Organisation (1986) *Regulatory Mechanisms for Nursing Training and Practice: Meeting Primary Health Care Needs, Technical Report Series No.738*. Geneva: World Health Organisation.

World Health Organisation (1989) *The Reproductive Health of Adolescents: A Strategy for Action. A Joint WHO/UNFPA/UNICEF Statement*. Geneva, World Health Organization.

World Health Organisation (2002) *Adolescent Friendly Health Services: An Agenda for Change*. Geneva: World Health Organization.

World Health Organization (2003) *A Global Review of Primary Health Care: Emerging Messages*. Geneva: World Health Organization.

World Health Organization (2004) *Adolescent Health and Development in Nursing and Midwifery Education*. Geneva, World Health Organization

World Health Organisation (2005) *European Strategy for Child and Adolescent Health and Development*. Geneva: World Health Organization.

World Health Organisation (2006) *People Centred Health Care: A Policy Framework*. Geneva: World Health Organisation.

World Health Organisation (2008) *Primary Health Care: Now More than Ever*. Geneva: World Health Organisation.

World Health Organisation (2010) *Youth Friendly Health Policies and Services in the European Region*. Copenhagen: World Health Organisation.

World Health Organisation (2014) *Draft Health Indicators for Adolescents: Department of Maternal, Newborn, Child and Adolescent Health*. Geneva: World Health Organisation.

World Medical Association (1996) *Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*. World Medical Association available at <http://www.wma.net/e/policy/b3.htm> accessed 10 March 2010.

Wray, J. (2005) 'Confidentiality and Teenage Pregnancy: The Affinity Gap'. *RCM Midwives: The Official Journal of the Royal College of Midwives*, 8(12): 493-497.

Yurkovich, E, Smyer, T, & Dean, L (1999) 'Maintaining health: proactive client-oriented community day treatment centres for the chronic mentally ill', *Journal of Psychiatric & Mental Health Nursing*, 6(1), 61-9.

Zarrett, N. & J. Eccles (2006) The Passage to Adulthood: Challenges of Late Adolescence. *New Directions for Youth Development*, 111: Online Publication: Wiley InterScience. Available at [www.interscience.wiley.com](http://www.interscience.wiley.com)

Zimmerman, M. A. (1995) Psychological Empowerment: Issues And Illustrations. *American Journal of Community Psychology*, 23, 581– 599.

Zimmerman, M.A. (2000). Empowerment theory: Psychological, Organizational, and Community Levels Of Analysis. In J. Rappaport, & E. Seidman (Editors), *Handbook of Community Psychology* (pp. 43-63). New York: Kluwer Academic-Plenum Publishers.

## **Appendices**

**Appendix One:  
Interview Guide**

## **Exploring Teenage Parent Views and Experiences as Service Users of Universal child and family healthcare service**

### **Interview Guide**

Hello Firstly let me begin by thanking you for becoming a participant in this study. The study is looking at your views and experiences of being a teenage parent service user of universal child and family health care services.

There is a number of child and family services that are called 'universal' services, that is all parents and their children have a right to receive these services. I would value hearing your views and experiences of the universal services you receive from your GP, public health nurse and immunisations. However, while I am highlighting universal services, if you feel that you want to discuss any other child and family health care service during this interview please feel free to do so.

I should let you know that this interview will be in an unstructured format, which means that I will try as little as possible not to ask questions but more to hear what you have to say about these services from your view and experience as a teenage parent. Really I would like you to tell me your story about being a teenage parent service user of these services so as much as possible I will be listening to you rather than speaking. I might interrupt your discussion if I need to seek clarification or understand points you might raise. Also please feel free to ask me any questions or if you wish for me to stop the interview at any time please feel free to tell me to stop. So maybe if we begin with this opening question

Core Question

1. **Can you tell me what your view and experience as a teenage parent and service user is of universal child and family health care services?**

#### **Prompts that may be used (if required)**

- Can you tell about your view and experience of the GP services?
- Can you tell about your view and experience of the Public Health Nursing services?
- Can you tell about your view and experience of the Immunisation services?

Questions 2, 3 and 4 will be used if required

2. **Can you tell me from your personal experience as a teenage parent your views of**

#### **Prompts that may be used (if required)**

- GP services
- PHN services
- Immunisation services

**3. From your view do you feel these services are meeting your health needs as a teenage parent? Prompts that may be used (if required)**

- What's good about these services in addressing your needs
- What could be improved with regards to these services in addressing your needs

**4. Is there anything you might like to add or say about these services from your personal perspective as a teenage parent?**

Prompts that may be used (if required)

- What's good about these services
- What could be improved with regards to these services
- Is there anything that should stay the same
- Is there anything that could change

**5. Thank you for participating in this interview, before we close is there anything else you would like to say or add?**

**Appendix Two:**  
**Consent Form**



**Consent Form**

<b>SECTION ONE</b>	
Name	Consent of parent/guardian needed if you are age 18 years or younger (please tick)  <input type="checkbox"/> <input type="checkbox"/>  Yes                                      No
Address	
Time of the interview that best suits you	<i>If yes can you please ensure your parent/guardian also signs their consent</i>
<b>SECTION TWO</b>	
<p>I agree to participate in the above study. I understand that this will involve an interview of between 45-60 minutes</p>	
<b>SECTION THREE (For completion by your parent or guardian)</b>	
<p>I agree as parent/ guardian of ..... that he/she can participate in the above study. I understand that this will involve an interview with ..... of between 45-60 minutes. Signed: _____ Date:-----</p>	

**Appendix Three:**  
**Participant Demographic Form**

## Participant Demographic Form

I would be grateful if you could complete the following demographic details about yourself

### Section One: Personal information

1. My age is (please do not include your date of birth only your age) Your age :

2. I am a  female  male (please tick)

### Section Two: Your child/children's details

3. Your child/ children's ages are

(please do not include your child/children's date of birth only their age)

⇒ First child

⇒ Second child

⇒ Third child

⇒ Any other children and their respective age

### Section three: Service user details

The universal child and family services you have received to date (please tick)

⇒ General practitioner

⇒ Public Health Nurse

⇒ Immunisation Services

⇒ Others (please list other universal child and family services you have received)

Other services:

Thank you for completing this form

**Appendix Four:**  
**Study Ethical Approval**



Leas-Uachtarán um Thaighde

Vice President for Research

29th March 2012

Ref: 12/JAN/08

Ms Marcella Horrigan-Kelly School of  
Nursing and Midwifery Aras Moyola  
Building

NUI Galway

**RE: Ethics Application:**

**Connecting with Families: Exploring Teenage Parent Perceptions as Service Users of  
Universal Child and Family Health Care Services in the Community Setting**

Dear Ms Horrigan-Kelly

I write to you regarding the above proposal which was submitted for Ethical review. Having reviewed your response to my letter, I am pleased to inform you that your proposal has been granted **APPROVAL**.

All NUI Galway Research Ethic Committee approval is given subject to the Principal Investigator submitting an annual report to the Committee. The first report is due on or before 31<sup>st</sup> January 2013. Please see section 7 of the REC's Standard Operating Procedures for further details which also includes other instances where you are required to report to the REC.

Yours Sincerely

Dr Brian McGuire

Research Ethics Committee

OÉ Gaillimh,  
Bóthar na  
hOllscoile,  
Gaillimh Éire

NUI Galway,  
University  
Road, Galway,  
Ireland

T +353 91 495 312

F +353 91 494 591

[www.nuigalway.ie/research/vp\\_research](http://www.nuigalway.ie/research/vp_research)

**Appendix Five:**  
**Participant Information Sheet**

## INFORMATION ABOUT THIS STUDY.

### **What is this study aiming to do?**

This study wants to know your views and experiences as a teenage parent of being a service user of universal child and family health care services.

### **What does Universal Services mean?**

There are a number of child health care services that are universal, which means they are available for all parents of young children. The services that this study will ask about are the services you receive from your General Practitioner (GP), Public Health Nurse (PHN) and Immunisation

### **Why is there a need for this study?**

You may or may not know this but there are a number of policies that highlight how important it is to hear the views of people who receive services. In the case of the health service there is the policy 'Your service, your say' that wants to know what people feel and have to say about the service they receive.

### **Why do you want to know what teenage parents have to say about services?**

Again there are a number of policies that recognise the need to listen to the views of teenagers, such as 'Get Connected Developing an Adolescent Friendly Health Service' (National Conjoint Child Health Committee 2001) and also some national reports that say your views need to be heard, such as 'Child's Right to be Heard in the Healthcare Setting' (OMC, 2006a). Because of this I think it is important for your views as a teenage parent be heard about the services you and your child receive.

### **What will I have to do if I decide to participate?**

If you decide to participate you will need to sign the consent form that is part of this information pack about the study and return it to me (Marcella Horrigan Kelly). If you need to seek permission from your parent/s or guardian you will need to discuss your wish to be part of the study and get their signature on the consent form before you become a participant.

Becoming a participant means that I will interview you using a tape recorder for about 45-60 minutes, however this may be for a shorter or a longer period depending on what you want to say. Really I will be asking you to **tell me your story** of being a teenage parent service user of universal child and family health care services.

**Who will know about what I said?**

All of what you say will be treated with the utmost confidentiality and your anonymity is crucial. So, during the interview I will not call you by your name because it is important that you remain anonymous. When I write up your interview I will put a code on it and remove any materials that could possibly identify you. I will be writing the findings in my research but again only codes will be used. Once the study is completed I will destroy all tapes and transcripts in accordance with NUI, Galway research committee policy.

**If I have anything else I want to ask who can I contact?**

If you want to ask me, (Marcella Horrigan Kelly) anything else about the study you can contact me on 091 495036 or 087 2697450. I hope you decide to tell me your story

Kind Regards

*Marcella Horrigan Kelly*



**Appendix Six:**  
**Child Distress Protocol**

# **Exploring Teenage Parent Views and Experiences as Service Users of Universal child and family health Care Services**

## CHILD DISTRESS AND ETHICAL PROTOCOL

---

This protocol is for you as a participant in this study to ensure that your wellbeing and rights are protected

**The interview will be terminated if you:**

- decide to terminate the interview
- decide to participate in the interview at another time or place

**If you are experiencing anxiety or distress during the interview the researcher will intervene in the following way:**

- immediately stop the interview
- remain with you until you are calm, and you can decide if you wish to continue
- discuss with you referral (if required) to persons/agencies that are in a position to offer you assistance/help, examples of these being:
  - Your parent/guardian
  - A local community representative that you feel may help you
  - An agency that has particular areas of expertise that you feel may help you e.g. Public Health Nurse, Voluntary Organisation
  - Help lines that may provide support for you (see listing below)

The researcher will follow up with you the following day to ascertain if you are alright or if you need any additional supports

**Help lines available:**

- Child line 1800 666666

- Society of Saint Vincent de Paul 01-838 6990
- Citizens Information 1890 777121
- Al Anon/Alateen 01 8732699
- Gingerbread Ireland (Lone Parents and Children) 01 6710291
- Aware (non-directive counseling) 1890 303302
- Samaritans 1850 609090
- CARI (Children at Risk in Ireland) Foundation Helpline 1890 924 567

**The researcher has a duty of care to act on any child protection concerns:**

- If you choose to disclose to the researcher any child protection concerns the researcher has a duty of care to act on this disclosure in accordance with Children First Child Protection Guidelines
- If the researcher has any **cause for concern** they have a duty of care to refer their concern to the designated Child Protection Officer. This officer in turn will report this concern to the HSE and the Gardai
- **Cause for concern** resulting in the researcher making a referral would include where the researcher observes that you are in a situation of abuse (defined as neglect, emotional abuse, physical abuse or sexual abuse) in accordance with the Children First Child Protection Guidelines.

**If you have any further questions or queries about any aspect of the interview process the researcher will:**

- Allocate time at the end of the interview time for you to ask questions or answer queries you may have