

National



POLICY BRIEF



PROMISE POLICY BRIEF: FINLAND (1 OF 2)

Young Motherhood in Multicultural Finland

October 2018

INTRODUCTION

PROMISE explored the ways young people with a history of stigmatisation or conflict participate in society. In Finland, our research focussed on young women who make the transition to parenthood (relatively) early, at the age of 17–24 years. In 2017, the mean age of first-time mothers in Finland was 29.2 years. The life trajectories of these young women thus contradict the several-decades-long trends of ‘prolonged youth’ and postponed parenthood. In part, they also deviate from the age-related norms of life trajectories that emphasise reaching the educational and employment-related benchmarks of adulthood before parenthood.

This policy brief is concerned with the young female participants’ (aged 19–27) experiences as ‘young mothers’ in general, and their positions in and narratives on maternity and child health services. In Finland, maternity and child health services are part of the universal health and social welfare services. They are based on the preventive and advisory approach and provided for all resident mothers or couples during and after pregnancy, until the child reaches school age.

The policy recommendations are directed towards policymakers at national and European levels who are concerned with issues relating to youth and family policy and services, as well as professionals working with young adults in various fields, particularly in maternity and child health services.

The aim of the recommendations is to provide tools for developing services for young adults (both family services and services in other fields) so that they would be better able to take into account the potential family-related care responsibilities that young adults have, and the diverse effects that these may have on their life trajectories, current engagements within diverse fields of life, and their future orientations.

KEY FINDINGS AND POLICY RECOMMENDATIONS

1) Understanding individual life situations must be the starting point during encounters with young parents through diverse services, instead of age-related expectations.

The participants in the case study were a very heterogeneous group in terms of their life histories, material, educational, social and cultural resources, as well as their ideals and future plans. They recognised several problem-oriented assumptions that were attached to ‘young mothers’ as a group, and hence did not identify as such. Instead, they wanted to be seen as ordinary, competent mothers. Negative age-related assumptions concerning a young person’s parenting competence can easily hamper or erode trust between the young person and the professional:

In fact, personally speaking, I don’t consider myself a teenage mum. I consider myself just a normal mum. Like everybody else. (...) At least there is the stereotype that they are (...) immature and so they don’t know how to be a mother to their children. (Tiia, 20 years, expecting, mother of one)

Being aware of potential vulnerabilities related to being a mother at a young age is positive. However, these vulnerabilities cannot be assumed and they should not be regarded as obstacles to regarding a young person as a competent, caring and ‘normal’ parent in service encounters. Not making assumptions about vulnerabilities or problems provides service encounters with a better starting point for trust-based relationships, and supports the young person’s identity as a parent.

2) The wide availability of maternity and child health services must be secured and they must be developed further as universal services.

The participants considered the maternity and child health services useful and necessary, especially from the viewpoint of ensuring the health and wellbeing of the child, even when they also had points of criticism towards some parts of the services. The role of young mothers in maternity and child health services is, by and large, that of a rather passive receiver of information. However, (relatively) long-term service relationships enable greater trust between the nurse and the young client. They also permit the nurses to get to know the individual situations of the families. Appointments with a nurse are likewise an important channel for further and more targeted services if needed.

It is crucial that the principle of universalism is maintained in maternity and child health services. Providing the services in a more targeted manner would potentially increase the threshold for seeking out the services, incur the risk of stigmatisation, and delay access to further services when required. Digital services may supplement the existing services, but cannot compensate for face-to-face encounters.

3) Gendered care responsibilities should be recognised as a factor defining young adults’ activities and trajectories.

Young mothers have many care responsibilities related to family life. A large proportion of these responsibilities are related to having a baby; yet several participants also had responsibilities towards other people they were close to, such as parents, partners’ parents, or a partner’s child, or friend. Hence, family-related care responsibilities are likely to extend to a larger group of young adults than just young parents. These care responsibilities are an important aspect of the close relationships of the carers, but they also have a concrete influence on their abilities to reconcile other domains of life (e.g. education, work) with care responsibilities. Family-related care responsibilities are not well recognised in many services targeted mostly at young adults, especially within education. This is one of the central concerns about the future

expressed by many of the participants. Even among the younger generation, the distribution of care work is relatively strongly gendered, with the result that the bulk of care responsibilities fall to the young women. This is reflected also in the maternity and child health services, where fathers' presence and role is still marginal. Given the gendered distribution of care work, the effects of the shortcomings in measures alleviating the challenges related to reconciling care work with other spheres of life impact young women's educational and work trajectories in particular.

Having underaged children should be acknowledged in the study allowance system, and options for flexible and part-time studying should be designed and made available in a more systematic manner in schools and universities. More generally, familial responsibilities should not be regarded as an issue that is absent from young adults' lives in any of the services that are targeted at them. If the aim is to encourage young parents to make use of a service or engage in an activity, it should be acknowledged that providing child care services is a necessity. Within maternity and child health services, efforts to engage fathers should be continued and new ways of encouraging engagement devised.

4) Culture-related, essentialising assumptions should be avoided in all services when encountering young parents with minority ethnic backgrounds.

The data show that many of the key findings of the case study are common across ethnic boundaries; this applies particularly to the wish to be seen as a competent parent and to be recognised as an individual instead of a representative of a group. The participants with minority ethnic backgrounds had experiences of racialisation and racism, which had a negative influence not only on their feeling of safety and sense of belonging to Finnish society, but also on how they sought to fulfil their parenting responsibilities and maintain an image as a capable and respectable parent. Some of them also worried about racism in terms of their children's future:

I do get terribly stressed about what kind of place Finland will be when she grows up. (Melisa, 24 years, mother of one)

While it is very important that specific support measures such as interpretation are duly in place when encountering clients who have recently moved to Finland or whose Finnish skills are limited for some other reason, a minority ethnic background per se should not be seen as connected to migrant status or as denoting specific culture-related traits or practices. Professional training that addresses issues relating to cultural diversity, racialisation and (anti-)racism is highly recommended across diverse service fields and among professionals working at all levels of the service.

5) The multiplicity of identities of young parents should be regarded as an opportunity rather than a threat.

While the identity of a (competent) parent is extremely important for young mothers, they also have other identities besides the parental identity; namely that of a young woman, a student, or an activist, to give some examples. The social networks of young parents beyond the nuclear family, such as their relationships with their parents, siblings and friends, are to some extent acknowledged within the maternity and child health services; yet their other identities are largely overlooked or sometimes even regarded as posing a threat or hindrance to full parental identity. In the broader societal discussion, the identity of a parent is largely overlooked when discussing young adults' citizenship and engagement.

Like all people, young parents are complex individuals, and taking this into consideration supports their wellbeing in a more holistic way. When seeking to encourage them to participate in active citizenship, it should be acknowledged that for some young adults, the private sphere of the home is a major site for this citizenship.

RESEARCH PARAMETERS

The data for the policy recommendations consists of interviews with 16 young mothers and two fathers, conducted in the metropolitan region of Helsinki, which is among the most multi-ethnic areas in Finland. Sixteen semi-structured interviews were conducted individually and one with a couple. Additionally, for the purpose of obtaining contextualising data, ethnographic fieldwork was carried out in maternity and child health services in two cities. The ethnographic fieldwork included a total of 51 visits to seven different maternity and child health clinics. Detailed field notes were taken during the thirteen appointments that respondents and their children had with nurses and two with doctors. Each appointment lasted between thirty minutes and slightly over an hour.

PROJECT IDENTITY

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| WEBSITE | http://www.promise.manchester.ac.uk/en/newsfeed/ |
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| FURTHER READING | http://www.promise.manchester.ac.uk/wp-content/uploads/2018/06/Young-motherhood-in-multicultural-Finland.pdf Peltola, Marja (forthcoming) Nuoret äidit haluavat tulla nähdyksi kompetentteina vanhempina [Young mothers wish to be seen as competent parents]. <i>Näkökulma</i> [View point, web publication] Helsinki: Finnish Youth Research Society. |