

PROMISE: Promoting Youth Involvement and Social Engagement: Opportunities and challenges for conflicted young people across Europe.

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Young motherhood in multicultural Finland Finland

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Executive summary:

In the era of ‘prolonged youth’, young motherhood is subject to many contradictory discourses. While the trend of increasing mean ages of first-time mothers has given rise to societal worries, becoming a mother at an early age is associated in public discussions with many risks and concerns. The case study *Young motherhood in multicultural Finland* studied how young(ish) mothers themselves see young motherhood and how they position themselves as mothers and as young women. While the research participants – 18–25-year-old young women, pregnant or mothers of 1–2 children – share a life situation, they neither form a uniform group nor share a self-identity as ‘young mothers’. What is shared, instead, is a self-identity of a competent, caring mother; and to claim this position, many emphasise their maturity and adult role. The participants’ life situations, with accumulated gendered care responsibilities served to narrow their possibilities – and partly even their desire – for social activities outside of their homes. Yet, the case study shows how important it is that the ideas of citizenship and social participation are not understood *only* as activities taking place outside of the private domestic sphere. While the participants claimed also other identifications besides that of a parent (e.g. that of a young woman, a spouse, a friend, a student, and a worker), their activities in the domestic sphere were, in this life situation, an inseparable part of how they saw themselves as citizens and the kind of contribution to society they wished to make.

This report should be read in conjunction with the document “Individual case studies – introduction.”



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1 Introduction

Major trends analysed in the social scientific literature, such as prolonged youth (e.g. Côté, 2014), individualisation (e.g., Beck and Beck-Gernsheim, 2002) and precarisation (e.g. Standing, 2011), have changed the ways in which individual trajectories and youth-to-adulthood transitions are shaped and understood. While parenthood, and the timing, ideals and norms related to it, cannot merely be reduced to phenomena shaped by the demands of education and the labour market, the ever-changing social context with prolonged transitions through education to work has undeniably helped to shape these aspects as well. In Finland, as in many other countries in Europe, trends have for many decades included the decrease in birth rates and increase in the mean age of first-time mothers (Miettinen, 2015). In 2016 in Finland, a mother's mean age by first birth was 29.1 years (OSF, 2017). In 2010, among 15- to 19-year-old women, the birth rate was 9/1000, and among 20- to 24-year-old women around 60/1000 (Halonen and Apter, 2010). The anticipated 'ideal age' for becoming a parent, according to surveys, has increased, too, standing at 26.7 years for women and 28.5 years for men in 2015 (Miettinen, 2015). In this case study, the transition to parenthood – and to motherhood in particular – is the prism through which young adults' life trajectories and possibilities for social engagement are examined. My aim is to shed light on how young(ish) mothers and some fathers interpret their life situations, and what kind of positions they have, take and are given in their closest social networks and in the institutional context, designed to support the transition to parenthood.

Despite the societal changes, parenthood remains both an expected and highly controlled benchmark of adulthood (Lahelma and Gordon, 2008; Thomson et al, 2004). Transition to parenthood is a gendered, classed and ethnicised process that carries significant short- and long-term consequences for young adults' trajectories, identifications, social networks and well-being (e.g. Jones *et al*, 2006; Kehily and Thomson, 2011; Kelhä, 2009). Yet, it has received relatively little attention within youth studies. In this case study, young parenthood – and young motherhood in particular – is chosen as the prism through which young adults' life trajectories are examined.

Alongside the societal changes related to parenthood, motherhood, age and life trajectories, the increasing ethnic and cultural diversity in Finland is another major contextual factor this case study seeks to acknowledge. While Finland has never been the mono-cultural nation of the nation-building myths (Tervonen, 2014), larger-scale immigration to Finland started as late as the end of the 1980s.¹ The demographic change means that now, for the first time since the World Wars, the young generation growing up and transitioning into adulthood in Finland is deeply multiethnic.² The change has raised discussions and disagreements related to Finland's self-identity as a nation, many of which are interlinked with the Nordic welfare model and gender equality ideals and policies. The Nordic welfare model has a reputation for being 'woman friendly', while the equality policies are a source of national pride (Mulinari, 2007; Tuori, 2009). However, gender equality

¹ The share of the population with foreign backgrounds remains modest: 6.2% in the country as a whole in 2015. This population is concentrated in the bigger cities in Southern Finland; for instance in Helsinki, where this case study is situated, the percentage is 14.3%. The most common background countries include Estonia, Russia, Somalia and Iraq (OSF, 2017).

² Unlike in older age groups, among younger age groups a quite considerable proportion of the population 'with foreign backgrounds' is Finnish-born: one-fifth among 20- to 24-year-olds, 40% among 15- to 19-year-olds, and on the rise among younger age groups (OSF, 2017). Hence, the multi-ethnicity of the young generation is not reducible to immigration (only), but is 'homegrown'.

policies are themselves a contested terrain, where conservative and anti-feminist discourses continue to maintain a foothold. At the same time, in the discussions related to multi-ethnicity, 'Nordic equality' is also used in a negative way as a discursive tool for building and confirming racialised hierarchies within the nation, by representing 'us Finns' as those already possessing the knowledge and practices related to gender equality and 'Others' as those allegedly engaged with traditional and patriarchal non-Western cultures, and who thereby lack gender equality (Brah, 1996: 72–76; cf. Mohanty, 1999 [1984]; Mulinari, 2007; Tuori, 2009).

According to previous research conducted both in Finland and internationally, becoming a mother at an early age is associated in public discussions with risks and concerns, such as increased economic challenges, disrupted trajectories through education and employment, and a lack of the necessary moral parenting competence, while the public discussion on young motherhood involves class-based stereotyping and the normalisation of a middle-class lifestyle (e.g., Kelhä, 2009; Phoenix, 1991; Wenham, 2016). In the era of prolonged youth and the emphasis put on education as a prerequisite for employment, young parenthood is a deviation from the age-related norms of life trajectories. Even though decreasing birth rates also trigger concerned headlines in the media, parenthood is neither an expected nor desired part of youth (Kuortti, 2012: 46–50) – at least not prior to other milestones of adulthood being reached. While the concerned discourses apply to all young mothers regardless of their ethnic backgrounds, representations of young mothers with ethnic minority backgrounds tend to be even more emphatically problem-oriented. Besides the other concerns, young mothers with ethnic minority backgrounds are often seen through a cultural lens, potentially suffering from cultural constraints, or even coercion within their families or other close communities (e.g. Keskinen, 2009). In the light of the hierarchical divide between 'us gender equal Finns' and 'the patriarchal Others', young motherhood may even be seen as an expected turn in the life trajectory of a young woman representing an ethnic minority; yet, understanding ethnic minority young mothers merely as submissive to 'their' cultural norms ends up reinforcing the racialising stereotype. These racialising representations have been criticised for ignoring both the existing gendered and sexualised social control of ethnic Finnish women, as well as ethnic minority young women's agency and their own interpretations of their life trajectories.

The research task in hand is, therefore, twofold: 1) To examine how young women see young motherhood and how they position themselves as mothers and as young women; and 2) to examine the resources and networks that young mothers have at their disposal, as provided by their personal relationships and the institutions of Finnish society (especially the maternity and child health services). I will also try to assess whether ethnic/migratory backgrounds influence the relevant experiences, positionings and resources, and if so, how. Regardless of their backgrounds, the respondents in the case study are in a life situation that demands restructuring their daily routines, and that is constrained by gendered and age-related structures and expectations. In this case study, it has been my aim to be sensitive to the potential vulnerabilities involved in the life situations, while avoiding making assumptions about problems at the same time.

1.1 Services and financial assistance related to parenthood in Finland

In Finland, as a part of the universal public health and social welfare services, maternity and child health services are provided for all resident mothers or couples during and after pregnancy, until the child reaches school age. These services are central to this case study, with the clinics where they are provided acting as the location for both recruiting the respondents and the observations that form a part of the data. Maternity and child health services are free of charge and voluntary.

They are widely available and regularly utilised; the estimated percentage of children using these services is as high as 99% (the estimation is based on the vaccination registers and consequently does not reflect the proportion of children who use the services regularly) (National Institute for Health and Welfare, 2017). The services are regulated by the Health Care Act (1326/2010) and the Government Decree on maternity and child health clinic services, school and student health services and preventive oral health services for children and young people (338/2011). The maternity and child health clinic system is based on the preventive and advisory approach, and aims at supporting new mothers, families and children (National Institute for Health and Welfare, 2017).

Social allowances and benefits designed to compensate for the (potential) loss of income resulting from pregnancy and child care at home include a maternity, paternity and parental allowance, and child home care allowance. These allowances are part of the universalist social welfare system and are duly paid to all parents regardless of their socioeconomic status. Maternity allowance is paid to the mother for a total of 105 working days (approximately four months). Parental allowance is paid to one parent (provided that she or he lives in the same apartment as the child) for a total of 158 working days (approximately six months). Paternity allowance is paid to the father (provided that he lives in the same apartment as the child) for a total of 54 working days (approximately nine weeks). Part of the paternity allowance (1–18 days) may be used at the same time as the other parent is paid maternity or parental allowance, while the rest of the allowance can be obtained only after the parental allowance has ended (Kela, 2017). After the parental allowance ends, a child home care allowance – which is considerably lower than the parental allowance – may be obtained until the child turns three, if the child is not in private or municipal child care (Kela, 2017). While parental allowance can be paid to either parent, it is received almost exclusively by mothers; only 1–3% of fathers receive an allowance for a longer period than that defined by the paternity allowance. Mothers also use 97% of the child home care allowances (National Institute of Health and Welfare, 2017). Additionally, the guardian (either mother or father) of a child is paid a child benefit of approximately 100 euros per month, which continues until the child turns 17. The entitlement to child benefit is based on residence. A parent who lives alone with one or several children can get a single-parent supplement in addition to the child benefit for each child (Kela, 2017).

2 Data and methods

The data for the case study 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, a considerable number of which were short visits made in order to meet the professionals, agree on the research practices and/or recruit the respondents. 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.

Prior to gathering the data, access to the field was negotiated in a multistage process. Firstly, ethical clearance was sought from the Social and Health Care Services in the two cities. Secondly, access to the maternity and child health clinics was negotiated with the head nurses of several

districts in these cities. During the third stage, I visited the nurses' meetings in several local maternity and child health clinics, presenting the study and recruiting the nurses. The subsequent stage was dependent on whether the nurses decided to allocate some of their time to requesting preliminary permission from their clients so that they could inform me about the upcoming appointments with potential respondents. When the nurses informed me about the appointment times, I visited the clinics again, informing the potential respondents about the study and asking for their consent.

Hence, the recruitment process involved several 'gate-keeping' stages (see e.g., Aaltonen and Honkatukia, 2012) and was time-consuming as a result. The potential respondents were given information on the study, their role in it, and the data management, both orally and on paper. It was possible for them to sign the Informed Consent Form at this point or later. It was up to the respondents to decide whether they wanted to give their consent for the observation only, for the interview only, or for both. Eventually, I observed the clinic appointments of two respondents, who opted out of the interview, and interviewed five respondents who either opted out of the observations, or did not have appointments during the six months (approximately) that I was actively engaged in data gathering. Out of the potential respondents reached this way, nine rejected my request to participate; four of them did so after having already signed the informed consent form (it was explicitly explained to them that this was their right). Not all of them gave a reason for non-participation, but among the reasons cited, lack of time and/or energy to participate was the most common. Other reasons included lack of interest in the study and an uncomfortable feeling related to participating in research more generally.

An important observation concerning the recruitment process is that the young women's life situation, with most of them having very young children and some being heavily pregnant, did not favour their participation in the research study. On several occasions, an appointment – either a nurse's appointment or a pre-arranged interview – was cancelled or there was a no-show, resulting from various reasons related to the young women's child care responsibilities and the health of their significant others. Either the mother or her baby sometimes fell ill. On other occasions, unexpected responsibilities cropped up: taking care of a hospitalised mother-in-law, finding a new apartment and needing to move on a tight schedule, or looking after a friend's sick dog. Appointments were also simply forgotten in the midst of other priorities in the respondents' everyday lives. While this is all very understandable, it poses extra challenges for research. Even more importantly, these challenges reflect the respondents' situation in life, which was both in flux and characterised by multiple care responsibilities.

Choosing the maternity and child health clinics as the location for recruiting the interviewees had several implications for the formation of the target group. Firstly, given that the clinics offer their services the most frequently during pregnancy and during the first six months of new-borns' lives, most of the interviewees were either pregnant (with their first, second or third child) or had a young baby. Secondly, in terms of the age and ethnic background of the interviewees, I was largely dependent on the kind of clients that visited the clinics at the time of data collection and the kind of clients that the clinic nurses informed me about. As suggested by the research frame, I aimed at recruiting young mothers from various ethnic backgrounds, representing both the majority population and different ethnic/racialised minorities. The fathers were invited to the interviews in cases where they were actively present in the recruiting setting at the maternity and child health clinics; however, no extra efforts were made to recruit them in cases where they were not present or did not show any interest in the research.

A 'young' mother in this case study refers to a woman whose age at the birth of her first child is below the average age for first-time mothers (29.1 years in Finland in 2016). The targeted age

range was set at 18–25 years of age. Underage mothers were outside the scope of the study for ethical and practical reasons (0.3 % of mothers of new-borns were under 18 in 2015). All but one of the interviewed mothers fell within the defined age range, but the upper end of the range was represented more frequently than the lower end (see Appendix). One 27-year-old mother was also interviewed. The two interviewed fathers were 24 and 34 years old respectively. This means that the respondents were older than in some other studies on ‘young mothers’ (see e.g., McDermott and Graham, 2005). Being of age, the vulnerabilities related to the category of ‘teen’ or underage mothers did not concern them – except as a point of disidentification. However, this is not to say that age would not have been an important point of reference and reflection.

In terms of ethnicity, six of the mothers were ethnically Finnish, one was of mixed heritage (Finnish-other) and nine represented various ethnic minorities in Finland. Their background countries were Bosnia (1), Estonia (1), Iraq (1), Jamaica (1), Latvia (1), Russia (2), Somalia (2) and Thailand (1). These backgrounds represent relatively well the ethnic heterogeneity present in the maternity and child health services and in Finnish society more generally.³ In ten cases, the fathers of the children were of the same ethnic background, while in six cases, they were of different backgrounds. One of the interviewed fathers was of Finnish ethnicity, and the other had a Somali background. In terms of ethnicity, both fathers were in endogamous relationships.

Most of the interviews were carried out outside the clinic setting; in the respondents’ homes (5) and in public or semi-public places like cafés (6), libraries (2) and a park (1), according to the respondents’ preferences. In three cases, the interviews were carried out on the premises of the maternity and child health clinics, which was in these cases suggested as the easiest and most accessible place by the interviewees. The interviews were semi-structured with a list of themes (or an aide-mémoire), which were nevertheless covered in varying order and detail and paraphrased in different ways with different people. By the same token, the pre-defined themes did not prevent other themes from arising during the course of the interview. In addition to the interview themes agreed on for the PROMISE project, other themes included family life and relationships with various ‘significant others’, the relationship with the father of the child, daily routines and ideals of child care and parenthood, reconciling family and work/education, the childhood family and experiences of belonging to an ethnic/racialised minority (where relevant), among others. Most of the interviews lasted between an hour and an hour and a half, with some slightly longer and shorter exceptions. All of the interviews were carried out in Finnish, apart from one, which was conducted in English. All of the interviews were recorded, transcribed and anonymised.

Observing the appointments with nurses in the maternity and child health clinics was the most significant form of ethnographic fieldwork. I negotiated with each respondent (and nurse) separately on how and when the observations would take place: for some, the observation preceded the interview, for others vice versa, depending mostly on the timetables of the respondents and the clinics respectively. The groupings in the appointments varied: besides myself and the nurse/doctor, in five cases there were only the respondent mother-to-be; in one case, the respondent mother-to-be and father-to-be; in six cases the respondent mother and her child (in one of these cases, a student nurse was also present); and in one case the respondent mother, the child, and the child’s father. During my recruitment visits to the clinics, I observed young mothers coming to the appointments accompanied by their spouses, friends, several children, or their own mothers; most commonly, however, appointments were attended either by an expectant mother alone, or by a mother accompanied by her child(ren).

³ The most common background countries of people with non-Finnish nationality in Finland include Russia (or the former USSR), Estonia, Somalia and Iraq, with nationals of the countries of the former Yugoslavia forming another large group.

Due to the highly structured nature of the clinic appointments, the observations included hardly any participatory element on my side. In most cases, after chatting with the respondents in the waiting room, greeting the nurse and agreeing where I would sit, I did not intervene in the appointment or discussions at all, and confined myself to note-taking. The appointments were strongly shaped by the respective positions of professional and client (e.g. Hiitola and Peltola, 2018), and part of the content is pre-defined (i.e., ways and timeframes for monitoring the pregnancy and the growth of the child, parts of the information and advice given). When observing the appointments, I paid attention to three different elements: firstly, the material environment in the appointment room; secondly, the content of the spoken communication of the nurse, the respondent(s), and the child(ren); and thirdly, any other elements in the interaction between these participants. In this report, I concentrate on the last point, the interaction, and the position of the client mother within the clinic setting.

The analysis has drawn on qualitative thematic analysis. The interviews were read through several times as a whole, at different points in the analysing process, in order to grasp the general storyline articulated by each respondent. The most important part of the analysis work, however, was the thematic coding of the interviews and other material, which took place in two stages. In the first stage, the material was coded in a data-driven way, keeping the coded themes relatively narrow and letting new themes emerge spontaneously. In the second stage, the coded themes from stage one – 249 altogether – were thematically reorganised into larger, more analytical themes. A number of the themes utilised in the second stage were pre-defined and determined jointly by all PROMISE partners, while others were case-specific and defined based on the findings of the coding in the first stage (see the Introduction to D6.1 for further details).

3 Key findings

This section draws together key findings from the interviews and ethnographic observations, focusing on four broad themes. After briefly introducing the interviewees, I will firstly discuss how questions related to age and the category of ‘young mothers’ were evident in the data. Secondly, I will take a look at the respondents’ encounters with the maternity and child health professionals and how they discussed these services in the interviews. Thirdly, attention will be paid to the social networks of the mothers, especially to their intimate partnerships and intergenerational relationships. Fourthly, I will analyse ethnicity, migration and racialisation, where explicitly and implicitly present in the data. It must be noted that these themes are far from exhaustive in terms of the richness of the data, and other potentially significant themes have inevitably been omitted from this short report.

In the data extracts, MP refers to interviewer, and all the other names to the respondents or to the nurses working with them. All the names used are pseudonyms.

3.1 Respondents’ backgrounds and current situations

Seven of the 16 young female respondents were pregnant: three with their first child; two with their first child but having been in the position of a step-parent for some years; one with her second child, and one with her third child. Ten of the young women had one child at the time of

the interviews; their children were aged between two months and three years (most of them were aged under one year). One of the young women had two children, the oldest of whom was three. Two of the young women lived as a part of 'reconstituted' families and had one stepchild each (although they interpreted their position in relation to this child very differently), aged four and seven.

Five of the young women were married to the father of their child(ren); eight were cohabiting in a marriage-like relationship. Two were living alone independently, although one was in a long-term relationship with the father of the child. One was living with her own mother and mother's spouse, but was also in a steady long-term relationship with the father of the child. The majority of the pregnancies had been planned or 'allowed to happen'; for five respondents, the pregnancy had come more or less as a surprise.

The two interviewed fathers both had a partner who was expecting their first child. One was married, and the other was cohabiting in a marriage-like relationship with their expectant partner.

The socio-economic situations, educational and employment backgrounds of the respondents were heterogeneous. The respondent with highest education in this dataset had just completed a degree in a university of applied sciences. Two respondents had received different levels of post-secondary training. Two had attended general academic secondary school and seven held a vocational secondary qualification. Two were currently studying at university, one was in post-secondary training, one in vocational secondary school and one in general academic secondary school. Two did not have any secondary education. Their young(ish) age, combined with parenthood and, for many, unestablished position in the labour market, made their situations precarious, as many of them pointed out. What is noteworthy, however, is that the respondents differed from each other markedly in respect of the levels of education and kind of positions they were aiming for in their lives. While a minority in the data, there were five respondents (four mothers, one father) who emphasised that they already had both the qualifications they needed, a position in the labour market, and even several years of work experience. These respondents adopted a rather functional approach to their work – while it was not the most important part of their lives, they were doing decent, meaningful work that enabled them to support themselves, as well as their children in the future. In a similar vein, these respondents did not share the feeling of precariousness harboured by many of the other respondents.

The respondents largely described their situation in life in positive terms. For many, pregnancy had been anticipated and wished for, and the change in life it had brought about was considered rewarding, albeit challenging. Moreover, those respondents whose pregnancy had happened in a less planned way had, by the time of the interviews, adopted a positive attitude towards it. The role of a mother/parent was very important for all of the respondents, and the change was often described as a learning process involving challenges at the beginning, but one that became rewarding and 'natural' in time. The self-identity of a competent, caring and sensible mother/parent was important for all respondents.

3.2 On being a 'young' mother

The original theoretical interests, the outline of the PROMISE project and the pre-defined interview themes have directed the case study to be sensitive to age-related questions and experiences of being 'young'. In the data, however, this theme proved to be an ambivalent one. While many of the respondent mothers acknowledged themselves as being 'young' when

measured in years and compared to the mean age of first-time mothers in Finland, at the same time, they distanced themselves from many characteristics often attached to the categories of ‘youth’ and ‘young mothers’. Much delicate balancing was related to discussing age and being a ‘young mother’.

From previous research, we know that becoming a mother at an early age is associated in public discussions with risks and concerns, such as increased economic challenges, disrupted trajectories through education and employment, and a lack of necessary moral parenting competence (Kelhä, 2009; Phoenix, 1991; Wenham, 2016). Young mothers tend to distance themselves from the problem-oriented discourses by emphasising their competence as parents and the rewarding aspects of their life situation (e.g., Higginbottom *et al.*, 2006; McDermott and Graham, 2005; Niemelä, 2005; Wenham, 2016). These themes were central to this case study as well. While most of the respondents were sensitive to the individual differences in the life situations of people their age, they also saw their own age as a ‘good’ or ‘normal’ age to become a mother, and as being appropriate in their own situation at least (see also Niemelä, 2005):

Well I have always thought that I’d like to have children already at about ... or before I’m thirty. It’s a hard question because at this age, people can be in very different situations in life. But this age feels very natural to me. I feel I’m ready for this. But then again, I know that this situation with a reconstituted family has influenced my thinking a lot. (*Elina, expectant mother, 24*)

MP: Have you ever felt that you’re young to be a mother in any way?

Agnese: No. I think I’m the perfect age and, like. Then when the children are older, I won’t be worn out. I’ll still be able to enjoy my life. And my mum had me when she was 21, and my grandma had her when she was 20. So I’m just following them. (*Agnese, mother of one, 21*)⁴

‘The right time’ was reasoned on the grounds of feeling ready and mature, and often linked to the respondent’s relationship status and circumstances more broadly; very much in line with the expectant respondents of varying ages in Homanen’s study (2013: 105–106). Respondents in this case study, however, also referred to their wish to have children before getting ‘too old’. Like Agnese above, some of the respondents positioned themselves in the chain of generations and compared their age to that of their female relatives (especially mothers) when starting a family, duly reasoning that it was ‘ordinary’ or ‘good’ timing. Some ethnic minority respondents also drew comparisons between their former home countries and Finland, remarking that it was customary to have children at an even younger age in their country of origin (see Section 3.5). In the two cases in which the mothers had more ambivalent thoughts about the timing of the pregnancy, it was not so much their age that made them feel insecure but their situation in life more generally: being unemployed, not having completed their schooling, or considering ending the relationship with the child’s father.

Hence, while there was a broad consensus on their age not being a problem, most of the respondents were aware that other people might see them as ‘too young’. While experiences of their parenthood being directly questioned because of their age were rare, many of them had taken this issue into consideration, for instance when preparing to disclose the news in their social networks. Tiia, for instance, had a planned pregnancy at the age of 17. As it was obvious to her that ‘nobody’ would be supportive of her plan, she decided to delay disclosing it for as long as

⁴ In the quotes, MP refers to the interviewer/researcher (Marja Peltola). All the names are pseudonyms.

possible: ‘I wanted it (the pregnancy) but I hadn’t told anybody about it in advance. I was so young and I thought that nobody, nobody thinks like, “Well, of course”. (...) So I decided to reveal it when the time was right. (Tiia)

Unfinished studies and an unstable position in the labour market were commonly discussed as age-related challenges when it came to life situation and the main concerns about the future. For some, their precarious socio-economic position was connected to potential economic challenges – yet, the respondents emphasised their ability to overcome these challenges and how sensible they were when it came to handling money. A number even had savings that they intended to use to compensate for the loss of income while staying at home with the child. It is noteworthy, however, that about one-third of the respondent mothers did not consider their position precarious in this way; they had completed secondary education and some had already been in working life, even for several years. Having sustained themselves as sales clerks, practical nurses and in other positions sometimes for a number of years, these young women often identified themselves as adults (instead of young people). According to Jones and colleagues (2006), young adulthood may be seen as being polarised between the middle-class ‘slow-track’ transitions economically supported by parents, which involve not only deferred entry to full-time work but also delayed partnership formation and childbirth, and the more common economically unsupported ‘fast-track’ transitions that may be seen as a continuation of working-class practices and involve early school-leaving and partnership formation (see also Käyhkö, 2006). Hence, the respondents’ lack of identity as *young* mothers may also be interpreted in part in the context of ‘fast-track’ transitions and a lifestyle in which prolonging youth and extensive periods of education was not considered particularly appealing.

MP: What do you think, is having a child something that makes you an adult? For instance, nowadays even if a woman is in her 30s, she may think she’s young, so...?

Agnese: No. In my opinion, it doesn’t make you an adult. Even before the child, I felt I was entirely adult. I had, however, left home at the age of 17 and lived my own life. I took care of all my own business. (*Agnese, mother of one, 21*)

The respondents recognised several negative characteristics often attached in the public imagery to the category of ‘young mothers’, and ‘teen mothers’ in particular. These included irresponsibility, being childish or child-like instead of mature or adult-like, having habits that were not ideal (e.g. alcohol consumption, partying), being sexually irresponsible, and having babies ‘by accident’. The respondents made clear distinctions between themselves and these stereotypes – as has also been found in earlier studies (McDermott and Graham, 2005; Niemelä, 2005) – by emphasising their ‘right age’, responsibility, maturity, stable relationships and supportive social networks, and stable situation in life generally. While the respondents did not necessarily explicitly repeat the negative assumptions attached to young mothers, their awareness of and distinction from the category had, at times, the effect of constructing ‘youth’ in negative terms. For instance, 24-year-old Emma said:

I don’t see myself as young. I’m in such a good place in my life. My situation has been good for a long time, regarding work, regarding home, regarding my partnership, regarding money. I don’t have, like ... The only thing that could be different is the working hours. (*Emma, expectant mother, 24*)

When constructing an image of herself as a person in a stable situation in life, capable of taking care of a baby in the near future, Emma implicitly constructs youth as antithetic to stability and a 'good situation in life'. Despite the fact that all the respondent mothers were below the average age for becoming a mother in Finland, they too used the negatively-defined category of 'young mothers' as a discursive tool for constructing a positive self-image and for distinguishing themselves from problematic 'Others'. For the respondents, a 'young mother' was a construct referring to someone else, typically a 'teen mum' younger than 18. For instance, Stina made a distinction between herself and those aged 18 or under, who could be labelled 'teen mums':

Well no, I'm not especially young. I am, however... I'm no teen anymore. Well okay, an 18-year-old is (legally) an adult, but, like, I don't know. I wouldn't have wanted a child back then, like, to get that teen mum label, like someone who can't do anything.
(*Stina, mother of one, 20*)

Another respondent, Melisa, constructed a 'teen mum' as someone who is very young, potentially sexually irresponsible, and less likely to be able to offer a child a stable environment:

Often those who are 15 and pregnant, they are a bit like those kinds of girls who don't necessarily even know who the dad is, or even if they do, I don't think they are capable, since you are a child yourself, and when you turn 18, you'll go through a phase like, 'Hey, I want to party, I want to see and do things'. Usually it's the child who suffers then. (*Melisa, mother of one, 23*)

Much of the ambivalence the respondents expressed in relation to questions of age and 'young' and 'older' mothers is summarised in a quote by 20-year-old Emilia below. The quote is also a prime example of the balancing work engaged in by the respondents when constructing an image of themselves as responsible and 'right-aged' parents, and how this image may derive from various, even seemingly contradictory sources:

For sure, it's a bit like people think that young mothers handle the issues in a poorer way – like they're more negligent, and less strict. But the way I see it, when you have a child when older, the child becomes your pet. It's my experience that young parents can differentiate, like, how to treat children according to their age. And, in a way it's also about ... it's not so long ago since you've been young yourself, and when the child is in adolescence, there's not a huge gap. (...) But in a way, older people, they know the deal, how to take care of it. (...) It depends on ... say you've been a terrible binge-drinker in your youth, then of course if your life has been really colourful, you don't want the colourfulness to end with the child. So, I do understand that those (kinds of parents) are judged, but then again, if you really try, then I don't understand (why you're judged) ... (*Emilia, expectant mother, 20*)

First, Emilia recognises the negative stereotypes relating to 'young mothers' and distances herself and other young parents from them, claiming that being young actually has its benefits when it comes to parenthood. However, she goes on to actually reaffirm the negative stereotype herself by referring to 'a binge-drinker youth', allegedly unable to change their ways. Hence, the categories of 'older mothers' and 'binge-drinking young mothers' can both be simultaneously utilised as points of distinction.

3.3 Encountering maternity and child health service professionals

During pregnancy, the maternity services aim at ensuring the health of expectant mothers and foetuses, identifying risks and providing care and support when needed. The child health services aim at monitoring and supporting the healthy growth, development and well-being of children. Both seek to support parenthood and the well-being of families, and to promote a healthy lifestyle (Ministry of Social Affairs and Health, 2017; National Institute of Health and Welfare, 2017). While clearly designed to provide support for children, parents and the transition to parenthood, these services also have a great potential for social control, as they represent ‘professional knowledge’ concerning ideal parenthood (Homanen, 2013).

Professional encounters are, inevitably, never encounters between two equal partners, but shaped by power hierarchies and the positions of client and professional (Hiitola and Peltola, 2018). According to the observations made during the appointments with nurses and doctors at the maternity and child health clinics, these hierarchies and positions shaped the interaction between the clinic nurses and doctors and the respondents (both mothers and fathers) rather strongly. Part of the content of the appointments is predefined by law, government decree and Ministry of Social Affairs and Health regulations, which also structure the interaction. The structured nature of the appointments means that the positions left for the clients – the mothers, fathers and children – are rather restricted and passive. The communication below between Leena (the nurse) and Katja (the client) is typical in that the interaction mostly consists of active questions, comments and advice given by the professional, with reactive responses and short narratives contributed by the (young) mother:

Leena (the nurse) asks how things are going for Katja (the client) and her immediate family. Katja answers ‘Well’, but adds that Petja (the baby) has slept badly in recent weeks, and may wake up five times a night. Leena asks if Petja has cut any teeth yet. Katja answers ‘No’. Leena says teething may cause restless nights, explains that the time period varies from child to child, and describes the possible symptoms. Leena asks if Petja has been crankier than usual. Katja answers that he hasn’t but may sometimes become irritable during the day. Leena advises Katja to try to give Petja some paracetamol in the evening to see if that makes him sleep better: ‘Of course you shouldn’t give it for no reason, but it is no more harmful than if you think of taking one yourself’. (Field notes 11.5.2017)

In my field notes, I summarised observations on several appointments as follows:

I have not once seen a young mother openly questioning something that the nurse says during an appointment. However, there are a couple of mothers who ask questions more often than others or initiate discussion on some themes. (...) The interaction at the clinic appointments often follows the question–answer–comment/advice model, with the nurse asking a question, the mother answering, and then the nurse commenting or giving advice. The nurses have certain predefined issues that they go through with every client, and the majority of the appointment time is taken up with these issues. (Field notes 21.6.2017)

However, I have also noted in the field notes how the nurses, despite the occasional time pressures at the clinics, use their time and energy to make their clients feel more at ease, to create a relaxed and trusting atmosphere, and to reaffirm the clients’ confidence in their parenthood. For instance, the following communication between Pirjo (the nurse) and Stina (the client) reveals several things. Firstly, Pirjo enquires about Stina’s feelings in a rather light manner that does not

presume problems, and Stina's answer shows that she feels confident enough to disclose that some days are better than others. Secondly, Pirjo knows about Stina's life situation and is therefore able to ask whether Stina is still studying while taking care of the baby. Pirjo's comment on Stina's answer subsequently affirms that it is understandable that combining baby care responsibilities with studies is potentially too demanding:

Pirjo: How's mum doing?

Stina: It varies. There are good days and then sometimes not so good ones.

Pirjo: Are you still studying?

Stina: Not really.

Pirjo: (*in an understanding voice*): Well, at least you've dropped that. (Field notes 15.5.2017)

Despite their position as the professional, coupled with the structured content of the appointments, the nurses are left with some time and possibilities – that many of them use effectively – to 'lighten up' or make the atmosphere less official through chatting, talking about everyday issues not confined to baby care, and joking. I also heard the nurses verbally reaffirming their clients' competence as mothers. Added to this, many of the nurses actively and explicitly repeated the ideas that there is no one 'right way' to act as a mother; that mothers and children are individuals, and that one is allowed to trust one's feelings. It is part of the nurses' professional competence to make the mother (and the child) feel safe, (self-)confident and unjudged; I observed genuine attempts to achieve this goal, although the interviews with the respondents also show varying degrees of success.

In their work, the nurses also acknowledge to some extent the importance of the social relationships of the respondents – also beyond the nuclear family. Besides encouraging, for instance, shared child care responsibilities of the parents, or at least participation of both parents in child care, they encouraged spending moments of 'quality time' with one's spouse away from the child (e.g. going to the cinema), meeting friends and other people sharing the same life situation, and enabling close relationships between the child and the grandparents. These messages were often delivered in a casual way, as a part of the chitchatting and probably consciously avoiding giving too strong opinions. For instance, a nurse Päivi and a heavily pregnant mother-to-be Amina had the following discussion at the same time when Amina was taking off her clothes to get ready for monitoring the heart beats of the fetus:

Päivi says 'Well it starts getting exciting now. Do you feel you are ready for yourself to give birth?' Amina answers 'yeah, I don't feel like carrying on like this anymore' Päivi agrees that the late pregnancy is a hard time. She asks 'Do your relatives ask much about the baby?' Amina says that her mum calls every day and asks whether the baby is born. Both laugh. Päivi says that it is very good to have support networks of grandparents and other relatives, since they can be of great help after the birth of the baby. (Field notes 19.9.2017)

On the other hand, the respondents' other roles beside of that of a parent were taken into account only in narrow ways. For instance, in the extract above with Stina and Pirjo, Stina's role as a student is acknowledged, but only to the extent that it is stated to be highly time-consuming to have to balance between the student role and the mother role and, therefore, it is very understandable to drop the student role. Friend and peer relationships also were spoken about mostly as something that were potentially able to support the parent role and therefore to be

encouraged. In another discussion extract between Pirjo and Stina, Pirjo seems to encourage Stina quite strongly to look for peer support. Pirjo agrees that it is good to meet other mothers in an informal way, but the way the discussion continues suggests that she would prefer even more organised activities offered by a NGO:

Pirjo asks Stina, whether she has been to any playgrounds, to meet other mothers. Stina recounts that a couple of days before, she met with some mothers and joined a WhatsApp-group with them. They have met in the centre of Helsinki, walked with the prams and drunk Coke. Pirjo says 'wasn't that nice then after all?' Stina agrees. Pirjo goes on 'What about the (NGO offering services for young mothers in particular)?' Stina says that it doesn't appear to be her 'thing' and even the place is far away from where she lives. Pirjo says 'but you just met the others at the centre!' (hinting that the city centre is even further away). Stina agrees, but says that they decide the meeting place according to where people are and where it is easy for them to come. Pirjo asks if the mothers that Stina met were also young. Stina says that they were about the same age as her. (Field notes 15.5.2017)

The respondents' experiences of the maternity and child health services were discussed during the interviews. The services were generally considered useful and necessary, and most of the respondents had predominantly positive experiences. Many seemed to have unproblematic relationships with the clinics, which were partly reflected in their neutral, rather concise evaluations of the services:

MP: What about the clinic? What kind of experiences have you had there? Have you received good service?

Chailai: Yes. Yeah, she's really good this nurse. Nice and friendly. (...)

MP: Has it been easy, or ... Do you think you're able to raise issues there if you're wondering about something?

Chailai: Yeah, with her, you can always ask for help. It functions rather well. If I'm worrying about something or something like that. (*Chailai, mother of one, 20*)

When asked, most of the respondents raised points of criticism, too. Some wished for a more down-to-earth approach when being offered advice, some pointed out that different nurses may give different advice, some had hoped for even more structured and information-based interaction, some considered advice on some specific issues (e.g. breast-feeding) was either lacking or too normative. One respondent had the experience of being left alone when considering an abortion, despite her wish for support. Another felt that repeatedly being offered peer support gave the impression of them being 'in need of help' even though the respondent himself did not experience such a need, and that such a message hinted at mistrust towards him and his partner as parents.

Dalmar: Of course I understand that when people are first-timers, or have their first child on the way, then like, they assume that these people need more help, even if that is not the case. And at times, at the clinic, I think that they are sometimes too... like, not worried, but like, they try in a way to help all the time, give all the information, and they try to get everybody to participate in, for instance, what is this, like a kind of parents' peer support group or something, for fathers. And, like, I don't need any peer support.

MP: So they may appear even too keen to try...?

Dalmar: Yeah, yes! It's not, like... Of course you're able to refuse if you don't want but like, but at times I feel like 'I think we're managing here'. (*Dalmar, spouse of expectant mother, 24*)

Hence, the points of criticism and wishes for certain services varied and were often even contradictory and related to individual situations. The experiences and points of criticism that were raised also seemed to vary according to the nurse they happened to encounter, as practices seemed to differ, with the very 'chemistry' of the relationship between client and professional seemingly being either good or bad.

In criticism expressed towards the atmosphere conveyed within the services more broadly, two of the respondent mothers spoke about a feeling of being judged. Tiia interpreted her feeling as part of a more general tendency to feel insecure as a mother and consequently of being sensitive to criticism:

I easily start, like, kind of blaming myself. (...) I know that their aim is to help and give advice, but for me, it sometimes feels like a kind of accusation. If I was doing something differently, like breast-feeding back then, and it didn't really work out, so I felt that I was a bit worse mother. (*Tiia, expectant mother of one, 20*)

Melisa, on the other hand, interpreted this feeling as being connected with the prevailing attitudes within the services, especially towards young(ish) parents:

Sometimes I got the feeling... I don't know how to explain this in a sensible way, but for instance when I went to the maternity and child health clinic for the first time, I felt judged because I was so young. I felt that many people stared at me because of that. (...) I feel that people look at you more when you're a bit younger, like, how you bring up the child. In a way, I got ... like they were waiting for you to screw up. That kind of feeling. (*Melisa, mother of one, 23*)

It is noteworthy, however, that Tiia's and Melisa's experiences were rather exceptional in the data.

In recent decades, one point of development identified within the maternity and child health services has been the position of fathers. Nowadays, fathers are welcomed to all clinic appointments, and there have been attempts to support their involvement and agency within the clinic setting, right from the beginning of the pregnancy. According to my observations, it was, however, still more the exception than the rule for a father to be present during the appointments. The two fathers that were interviewed had quite different experiences. Both of them expressed general satisfaction with the services in general, but whereas Dalmar (quoted above) had experienced frequent invitations to take part in different support groups, Johannes had experiences of being ignored:

Well she did, like, leave me to one side, the nurse. Yeah. She didn't really... she didn't even introduce herself to me. I got the feeling that you should introduce yourself when you're going in – that's what you always do (*shakes hands with an imaginary person*). But she didn't and then I just sat a bit to one side, behind the computer. (...) Well, she did give me the forms, and I filled them in, so maybe that was my time to be able to show that I'm the father. (*Johannes, spouse of expectant mother, 34*)

Some of the mothers also commented on the father's position, saying that even though he may be welcome, the majority of the interaction is targeted towards the mother: 'He is with me, just *is* there with me... but they only speak to me' (Galina, mother of one, 25). One of the respondent mothers brought up the idea of individual appointments for fathers – at least one – that would allow them to concentrate on fatherhood in particular, instead of mother-centred communication, which is also inevitable during the pregnancy to a large extent.

3.4 Social networks: lived and imagined families

The transition to parenthood is a special phase of life that restructures many of the networks of the (new) parents: the intimate partnership and what is considered 'the nuclear family', but also intergenerational relationships and relationships with friends (e.g., Kehily and Thomson, 2011). The immediate social networks of (young) mothers are significant since, for instance, the expectations imposed on these mothers are socially transmitted, but also, and importantly, because they define concrete possibilities to share the burden of care responsibilities – which, in turn, also influences the young women's possibilities to engage in activities in a role other than that of a mother.

In this data, the restructuring of social networks was visible, for example, in the emphasised importance of the respondents' childhood families (especially their own mothers), disruptions to their friendships, and in some of the ambivalent feelings related to intimate partnerships. The emphasised importance of intergenerational relationships – instead of peer relationships – was visible particularly in the sources of practical help in everyday care-giving tasks. The respondents' life situations rendered their private, domestic sphere, the main arena for their daily activities in a way which seemed, to some extent, to reduce the opportunities for other relationships. While for many respondents, friendships still provided important opportunities for sharing experiences with peers and providing some respite from the parental role, several respondents also described disruptions to friendships after their pregnancy. These disruptions were often due to the fact that the respondents could not continue to engage in the type of lifestyle – including partying and/or spontaneous decisions to go out – that was customary for some of their friends, and which is often considered a 'normal' or expected part of youth and young adulthood. Some of the respondents even seemed to be somewhat lonely, especially in cases where their childhood families were living at a distance and could not participate in their everyday lives:

MP: Do you wish you had other mothers as friends, or something like that here?

Kadri: It doesn't need to be mothers but, yeah, it would be good to have someone nearby, and to have friends here, too.

MP: Yeah so you would like to have more (friends)?

Kadri: A couple would be nice. (*Kadri, mother of one, 23*)

The respondents' social networks were approached in the interviews by introducing themes concerning each respondent's spouse (or ex-spouse), their family and significant others, friends, and childhood families. The respondents considered a large range of people – family members, relatives, friends, colleagues and so on – as part of their 'network'. When looking at the people the respondents regarded as closest to them, an interesting finding is that there was not one case where this 'closest network' would have equated with the nuclear family ideal, that is, would have consisted of only a mother, a father and their child(ren). While in each case the child and the spouse were seen as part of the closest circle, the respondents also included their own parents (one or both), their siblings, and/or their friends. This may be interpreted as a sign of the nuclear family unit being only at the formative stage with the birth of a child; however, it can just as easily

be interpreted as describing people's conceptions of family and closeness that do not conform to the nuclear family archetype (see e.g. Finch and Mason, 1993; Smart, 2007).

I will firstly take a closer look at the respondents' intimate partnerships, especially from the viewpoint of gendered care work distribution, and secondly, discuss the respondents' childhood families, particularly their relationships with their parents (mothers).

3.4.1 Intimate partnerships and gendered care

All but one of the respondents were, at the time of the interviews, in a relationship (two others had a more strained relationship, whose continuation was uncertain). Most respondents named their partner as the person they were closest to, and he or she was always mentioned in the respondents' 'inner circles', even when the relationship was more strained. Several of the respondent mothers said that it was important for them that parenthood and the responsibilities involved were shared, and 'not the mum's business alone' (*Stina, mother of one, 20*). The partner was also named as the closest source of emotional support for many. Furthermore, being in a long-term, steady relationship was often regarded by the respondents as a prerequisite for feeling 'ready' and able to cope with the challenges of parenthood. While intimate partnerships were, therefore, important and, for most of the respondents, defined in many positive terms, ambivalences, conflicting interests and difficult emotions were also attached to this issue. Here, the importance of partnerships is examined first and foremost from the viewpoint of the (gendered) distribution of care responsibilities.

Some respondents reported being satisfied with the way in which the care responsibilities were divided between them and their partner. It is noteworthy that since only one parent is entitled to parental assistance (apart from a period of 18 days), and since – following the general tendency of mothers being the recipients of almost all of the parental allowances paid (National Institute of Health and Welfare, 2017) – in these cases it was the mother instead of the father who was on parental leave, dividing care responsibilities equally demanded special circumstances:

MP: To what extent have you discussed the ways in which you share the care responsibilities? You are of course at home, but have you agreed on what he does and what you do and things like that?

Galina: Well, he was laid off for a period and so for five months he took care of [names child] with me as we were both at home. Generally, we took turns, like he took care of her for half a day, and then I did the same for the other half. So we alternated. One nap time for him, one for me. He did one feed, and I did the other. (...) He did all the same things as me. (*Galina, mother of one, 25*)

Although most of the respondents shared the ideals of gender equality within the private realm – including the idea of equal distribution of child care work – much more common was sharing the caregiving responsibilities in varying ways, which nevertheless left the majority of the concrete caregiving work to the mother. The gendered caregiving work distribution was seldom agreed upon in an explicit manner between the spouses, but only 'happened'; it was seen as the 'easiest' way or even the only option available. Eeva Jokinen (2005) argues that gender imbalance in the distribution of childcare or housework is based on habituality: while men and women alike can carry out practices understood as 'feminine' (such as caring work), countering the habitual gendered practices demands reflection and effort, while following them may take place in a more unreflected or 'natural-feeling' way. The gendered work division was most often described as not ideal by the respondents, but defined by the demands of the conditions: '[names spouse] is always

at work. He works long hours and we have a high rent and everything, so he can't be there as much as he would like to be' (*Tiia, expectant mother of one, 20*).

It should be noted here that the respondents' children were small. Some of the respondent mothers were breast-feeding their children, which contributed to tying them closely to the child's feeding schedules. Some respondent mothers anticipated that the caring role of the father would increase as the children grew. For instance, Stina explained that since breast-feeding was the only way to get the baby to eat, she had seldom sought to engage in activities without the baby:

I know that I'd feel stressed all the time about how [names child] is doing – is she eating anything, and so on. Well, mostly about eating. I don't think that others would be able to take care of the baby or something. So it's about that mostly. [names spouse] has hardly been together with [names child], just the two of them, because I haven't gone anywhere. Or if I have, then he's been at work. (*Stina, mother of one, 20*)

She comments on the work distribution by pointing out that her spouse does his share by preparing food and doing other household chores:

Well, we haven't actually agreed on it (the distribution of work) but it sort of goes, like, I do the feeds and change the nappies, but on the other hand I don't mind because [names spouse] takes care of the food, and he often washes the dishes and cleans up. So if I start complaining about the fact that he doesn't change nappies, then I think I might find myself cleaning, and so I don't mind.

Because the bulk of the caregiving responsibilities fell to the mothers, the role of the fathers was sometimes narrowed to the extent that they appeared to be merely 'helping' the mother. In these cases, it was possible that, besides caring for the child, the mothers had to cope with the responsibility of 'teaching' the fathers how to 'help' them.

I do love being with [names child] at home, there's no question about that. But she has been more irritable lately, and now I feel she may be teething, so you really need to entertain her, like doing cartwheels so that she'll stay calm. There are days when I feel that nothing is enough for her, so by the evening, I may have a headache and when [names spouse] comes home, I'd like him to take her for an hour at least so that I could just rest. But then somehow anyway, if he comes home at six or thereabouts, then there's only an hour before we have to start the evening rituals. Just the other day I suggested that he could do the evening bath. Well, he couldn't do it because he has never done it. So he said, 'I'll come and watch you do it'. So I said OK, you just watch today so you know how to do it, as it's something you need to be able to do. So he watched and now in principle he could do it. (*Salla, mother of one, 24*)

All of the respondents with babies said that they enjoyed their childcare responsibilities and found them rewarding. As the above quote shows, however, being with the child on a constant basis was demanding and tiring. While most of the respondent mothers saw their caring role as 'natural', the gendered imbalance in work distribution also caused friction between the spouses:

MP: Do you have any idea about how much time you devote to caring for the baby, and how much the father devotes? Do you try to aim for 50/50, for example?

Agnese: Well, we sort of try, but I've whined a lot, like 'It's always me with (Baby)!' But that's only normal.

MP: Yeah, I guess it's easier said than done. How has (Spouse) reacted then?

Agnese: Very well. He's, like, 'Yes, of course we need to figure out a way (to share the workload)', but then however, he has this and that appointment arranged ... (*Agnese, mother of one, 21*)

While most respondents shared the ideals of gender equality, deeply gendered care work was, thus, a central part of their everyday routines. While most of the respondents didn't discuss this as a structural issue, Salla brought up the fact that the caring role of the mother was also a cultural expectation:

If a mother doesn't want to stay home with the baby, then she's frowned upon; if, for instance, the father stays at home and takes care of the child from early on, or if the mother is only at home for a month before returning to work. Here (in Finland) it is maybe more likely that the mother will be judged if she returns to work too early. (...) Even if one goes back to work right after the parental assistance has ended, someone may condemn that. (*Salla, mother of one, 24*)

One of the respondent mothers explicitly stated that she thought that baby care was the responsibility of the mother (rather than the father) – which also gave her the right to make decisions about the child's welfare and education:

MP: In the future, how would you like to share the responsibilities with the baby's father? I mean, do you think it's mainly the mother's responsibility to take care of the baby?

Katja: Yes, I want to be the one who makes the decisions.

MP: Okay, yeah. So you don't consider that, quite a lot is said today about sharing equally?

Katja: No. [*Laughs*]

MP: Have you nevertheless discussed ways of bring him up?

Katja: Well, yes we have, but I'm still the one who spends more time with [names baby]. (*Katja, mother of one, 21*)

This mother was living with her baby, her own mother and her mother's spouse, while still being in a long-term relationship with the baby's father, whom she described as a reliable and responsible person and father. Their situation illustrates that family formation and care responsibilities may be – and indeed are – understood and organised in varying ways, which do not always coincide with the nuclear family model.

3.4.2 Childhood families

The respondents' childhood families were a significant part of their personal networks. Their relationships with parents, and sometimes also with siblings, were in most cases described as among the closest, alongside relationships with their intimate partners. In some cases, proximity to the childhood family had even contributed to choosing where to live, so that physical proximity would enable frequent contact.

Johannes: My parents and my sister are, I think, the closest (people). (...)

MP: Are you in contact with them a lot? Do they live nearby?

Johannes: Yes, we have a lot of contact. They live right next to us... 300 metres away. And my sister also lives there, 400 metres away. So they live quite close. (*Johannes, spouse of an expectant mother, 34*)

Jamila: Son is now one year old and I live with my family.

MP: So, with your husband and child. Are there others too (in the family)?

Jamila: Yes, my family. That means my mum and dad, and sister and brother, yeah. It's a good thing that they live in the same block of flats. They live on the second floor and I live on the fourth. (...) Mum helped me a lot at first since I didn't have any experience. (*Jamila, mother of one, 24*)

Not everyone had the opportunity to live close to their parents or childhood family, however. Particularly when circumstances had forced the respondents to move further away from their parents, the separation had proved to be tough:

My family lives in Somalia, or rather my sister lives here, but the rest of my family lives in Somalia. It's quite hard to be without them. (...) I miss them. (...) Mum, she's worried all the time. She knows that... it's (my) first baby and I don't know everything. And in our culture, mothers always help us. (*Ayan, expectant mother, 22*)

As illustrated in the quotes above, a noteworthy observation on the personal networks of the respondents is the central role given to the mothers of the respondents (the grandmothers of the children), especially in offering practical help with baby care. This finding has been repeated in earlier research, and has been highlighted, for example, in McDermott and Graham's (2005) review of research on young motherhood, as an important part of young mothers' construction of competent motherhood, and as a factor supporting 'resilient mothering'. The mothers were not only consistently present in the 'inner circles' of the respondents, but they were also extensively discussed in the interviews, in ways which highlight the emotional – and practical – significance of this relationship.

I am really close with my mum. Back then, especially during [names first child]'s babyhood, the first year, she was a truly great support. Particularly when the break-up occurred, she intervened at once and I moved back home and she was there a lot. Like, she sometimes slept with the baby through the night so that I was able to sleep. (*Tiia, expectant mother of one, 20*)

MP: If you need help, practical help baby-sitting, for example, who do you ask?

Galina: Well, I think the first one is my mum, because she's the one who brought me up and so on. (*Galina, mother of one, 25*)

The respondents' parents not only offered practical help and emotional support when it came to baby care, they were also important for the respondents' identities and practices as parents. Reflecting on the parental practices of their childhood families was one of the ways in which the respondents made sense of the kind of parents they wished to be or to become; their own parents duly acted both as positive role models and as points of distinction.

While the majority of the respondents enjoyed close relationships with their parents and especially their mother, this was not always the case. Some respondents had more strained relationships with their parents, and some shared painful narratives from their childhood,

including parental use of corporal punishment, and parental substance abuse and judgmental attitudes. An important observation, however, is that even difficult experiences in childhood did not disrupt the relationships in most cases; the parents were nevertheless considered significant, even close. As Smart (2007: 154) argues, familial relations are resilient by nature; the relationship and loyalty involved are not easily severed. Troubled relationships with parents also sometimes found new expression and significance with the pregnancy and transition to parenthood. For instance, Tiia described how she felt abandoned by her parents after disclosing her pregnancy, since her father had such strict ideas about what the life situation of a young expectant mother should be:

[When disclosing pregnancy to parents] Well, my dad told me, he generally reacts in such a way that, one has to make a plan. So he said that I have to move in with the child's father before the child is born. So that we'd know what it's like to live together. (...) And that nobody, [in a moralizing tone] 'no pregnant mum lives at home'. Like, my situation meant that I had to move out and start living independently. So, I felt like they were abandoning me. (*Tiia, expectant mother of one, 20*)

However, a pregnancy and a baby sometimes had the effect of making the relationship with the spouse's parents closer than they used to be. For Agnese, for instance, the newly formed relationship with her mother-in-law compensated to some extent for the lack of closeness she experienced with her own mother:

MP: So I guess it's a big thing for you; I mean, it's sad if you have such a tense relationship with your mum. Is it something that you think about a lot?

Agnese: Well yeah, I have thought about it lately. But then again, [name's spouse's] mother is really lovely and I can be with her. So now I just think that maybe it will get better at some point. (*Agnese, mother of one, 21*)

3.5 The influence of migration experiences and ethnic background

There is a tendency in both public discussions and in research to examine 'immigrant families' or families of ethnic minorities as groups that are separate – and allegedly different – from families of the majoritised ethnicities. In what I have written above, I have endeavoured to avoid such a tendency because it easily reaffirms, explicitly or implicitly, the hierarchies that exist between families of minorities and families of majorities, and in so doing, ignores many similarities and shared experiences (for further discussion see Peltola, 2016). Hence, it is worth pointing out that the key findings highlighted thus far – the ambivalent relationship concerning the category of 'youth' and 'young mothers', the centrality of the childhood family, the gendered caregiving work, and the relationship with professionals, together with the over-arching experience of the uniqueness of the life situation, and the positive, rewarding experiences afforded by parenthood, were widely shared in the data across the ethnic boundaries.

Migration experiences and/or a minority ethnic background did, however, add some themes to the transition to motherhood/parenthood that were not apparent in the narratives of the respondents representing the majoritised population, or were present in different ways. Such themes discussed below include differing ideas on the 'normal' age for first-time motherhood, some of the content related to the child's upbringing, and experiences of racism.

While the norms and interpretations of what constitutes a 'normal age' for becoming a mother vary within nations, variation between nations and areas also exists, related to different histories

among other things. Given that the ethnic minority respondents in this case study were a heterogeneous group in that some had moved to Finland as small children, while others had lived in Finland for shorter periods, it is hardly surprising that one of the dividing lines in opinions on this 'normal age' reflected their migratory histories. Those with a shorter personal history in Finland tended to assess what is 'normal' in reference to their native countries, whereas those who had been living in Finland since early childhood, alongside native Finns, tended to see this issue in reference to Finnish society and its norms. This difference, in some cases, even rendered the whole question of the respondents' own experience as a young(ish) mother irrelevant. Hodan, for instance, saw her own age of becoming a mother – 18 – as perfectly ordinary when compared to the Somalian situation, where girls as young as 15 may become mothers:

MP: Of course there are many ways to go about it, and all are equally good, but some people might think that you were quite young when you became a mother at 18. What do you think about this age question? Is 18 generally a good age?

Hodan: Yes, I think it's a good age. Because for us in Somalia it's not ... even a 15-year-old might have a child. And sometimes even younger.

MP: So that it's ordinary.

Hodan: Yes it's ordinary. (*Hodan, expectant mother of two, 22*)

Even more explicitly than Hodan, Ayan and Dalmar, whose roots were also in Somalia, distanced themselves from those Somalian traditions that allowed very young girls to marry and become mothers, and considered the timing of their own parenthood as appropriate, partly in relation to this background:

Ayan: And I didn't have any obstacles. I had prepared a lot and for a long time, and so I decided 'Now I want to start a family'. But in Somalia, a girl might start a family when she's 14 or 15.

MP: At what age do you think someone is too young to be a mother?

Ayan: Fourteen. In my opinion, that's terribly...

Dalmar: Way too young. I think even 18 is too young to be a mother.

Ayan: I think 20 is OK. (*Ayan, expectant mother, 22, and Dalmar, father-to-be, 24*)

Twenty-four-year-old Jamila, who had previously lived in Iraq and Syria, also examined the issue of the 'right time' for motherhood vis-à-vis her 'own culture'. While Jamila did not mention early marriages, she too saw motherhood for young women under 18 as too early. The expectations of a 'good age' to get married and expectations of pregnancy taking place within the years immediately following marriage may, however, leave a rather narrow margin for the 'appropriate' timing of the first pregnancy:

Jamila: In our culture, they say that when a daughter or a woman gets married at 20 that's a good age, and if she wants to wait a bit, for instance two years, until 22, that's a good age to become a mother. She understands what it is to be a mother, and whether she wants to become one. I decided at 22 that I wanted to become a mother, at 23 I was pregnant, and now I've turned 24.

MP: And do you think there's an age at which one would be too young to be a mother?

Jamila: Eighteen, or under, is too early in my opinion. But others may consider, or like being pregnant even earlier. But I think it's not appropriate because a woman should also have some life of her own before having a baby. (*Jamila, mother of one, 24*)

Ethnic minorities in Finland and in Europe at large, especially those originating in Africa and the Middle East, face negative labelling that makes assumptions about them representing 'backward' and patriarchal cultures and at least potentially engaging in practices that repress (young) women (Mulinari *et al.*, 2009). The reflections of Hodan, Ayan, Dalmar and Jamila may be interpreted in this context also as a way to distance themselves from such problematic assumptions and from the position of 'victimised minority women'. At the same time, they are constructing their own values and practices as reasonable and claiming agency that can and should be respected in Finnish society.

While distancing themselves from those cultural habits considered problematic or harmful was important, it was also important for most of the minoritised respondents to maintain and pass on some other cultural habits or content interpreted as part of their non-Finnish heritage. The issue most commonly referred to here was one's native language. Language was an important issue since it was 'part of one's heart' (*Jamila, 24 years*), but also because it was considered important for the child to be able to communicate with her/his relatives when growing up. It was also an issue that caused some concern for the respondents when thinking about the future: would it be possible for the child to maintain fluency in the native language in the midst of the Finnish societal context? Jamila, for instance, says that she is 'worried' about the issue, although she also points out certain efforts of the Finnish schooling system to support maintaining minority languages and religions:

MP: Since you live in Finland and Arabic is not widespread here, do you ever worry about forgetting the Arabic language or culture?

Jamila: It doesn't affect me, but I do worry about it because, in our home country, you know it's a different thing when you're (living) in an area where everybody speaks Arabic. But it doesn't affect me because (in schools) there are Arabic classes every week, my little brother and sister (go to them). Yeah, the school in Finland has everything you need, including a class or two each week on our culture or religion. But it a little-, however, when it's part of your heart, it's not like being worried all the time, although I am a bit worried. (*Jamila, mother of one, 24*)

However, such concerns were not entirely shared among all the ethnic minority respondents. Agnese, in particular, stated that her thinking had changed to the extent that she now considered values other than passing on the language or culture more important:

MP: What aspects of your culture are important for you when bringing up your child?

Agnese: Well, I used to think that it's important for him to learn Latvian and things like that, but I don't anymore. I think in Finnish myself and I speak Finnish so it's very hard, you know, to talk ... well, I've tried at times to talk Latvian to him but it's really hard so I think he won't learn it for real. So maybe the most important thing is just that [names spouse] and I stick together and bring him up together, because I don't want [names child] to go through the same things that I did, with his parents separating when he's little. (*Agnese, mother of one, 21*)

Other matters that were interpreted as related to one's (minority) culture included respect for one's elders, which was mentioned in several interviews as an important (cultural) value that the respondents wanted to pass on to their children. Religion was also mentioned by many as something that they wanted the child to acquire, yet recognising the child's freedom of choice to a considerable degree was also associated with this issue:

MP: Are there any practices or customs related to the Thai culture that you'd like to pass on to your child?

Chailai: Yeah!

MP: Okay, what would you like to teach her?

Chailai: Well, to respects adults. And then, yes, to respect her parents, as well as other adults. And I've thought that when [names child] is big and goes to school, then her religion will be, that of Thailand's. And then, if she doesn't want that, then she can decide for herself and start being a Christian or ... I would never force any faith upon [names child]. (*Chailai, mother of one, 20*)

Hence, the respondents reflected on the identities and cultural resources of their children in future-oriented ways and saw themselves as playing an important (albeit limited) role in passing on such resources. As stated by Erel and colleagues (2017), mothering/parenting can, thus, be considered an important part of active citizenship, in the sense of contributing to society through bringing up future citizens, equipped with suitable resources (see also Berg and Peltola, 2015). While this applies to all of the respondents in the case study – and indeed to all parents more generally – the respondents with ethnic minority backgrounds had to achieve a balance between legitimate minority identity and 'enough Finnishness' in this task (Erel *et al*, 2017).

A further issue that was discussed only with the ethnic minority interviewees was their experiences of racialisation and racism. While these experiences were not related to their position as parents, they cannot be overlooked as, for many, they had concrete consequences for their social circles and feelings of belonging. Galina, for example, mentioned that the racist bullying she had suffered throughout comprehensive school had the effect that when she subsequently moved to the metropolitan area, she mostly sought friends among other Russian-speakers:

MP: Is your circle of friends mostly Russian-speaking?

Galina: Yes, it is, yes. Russian-speaking. Unfortunately, at school, I was always bullied at school, starting from the first grade up to secondary school. They said things like 'Give Vyborg back' or 'You killed my grandpa', or something like that. It was like that throughout school. Maybe in (Town) there weren't so many foreigners at that time. And I was the only foreigner at my school. (...) So maybe this had some kind of influence. (*Galina, mother of one, 25*)

The Muslim respondents had experiences of racist encounters that often had Islamophobic undertones. For instance, Jamila spoke about such encounters with a mixture of feelings of being hurt and of a certain hopelessness that rendered all responses other than ignoring the taunts ineffective:

Jamila: But sometimes the scarf has the effect that many many times when I'm in a grocery store, or walking down the road, they say bad words. (...) It feels hard, and is a bad thing in my heart. I say what can I do, I'm a refugee here, and sometimes I respond

by saying, 'Why are you doing this?' or 'Why are you saying this?', but sometimes I don't react.

MP: So you don't feel like responding?

Jamila: Yes, Nothing, I just go on like nothing has happened. (*Jamila, mother of one, 24*)

Melisa – who also identified herself as a Muslim – reflected on the issues surrounding racism in depth. Besides those encounters she had had herself, she was concerned about how Finnish people would react to her parenthood later when the child was a bit older. She referred to the stereotypes of migrant families as being overtly strict, even violent in their educational practices, and thought it would be difficult in the future to balance between her principles when bringing up the child and her wish to avoid being unfairly labelled as a 'violent' migrant mother, and in need of an intervention:

Melisa: Somehow I think about it, when she grows up, and if it happens, for instance, that I snap at her in a public place because I won't let her grow up to be a child who throws herself on the floor there and makes, I'd probably go mad, it is, like you need to be to that extent strict that a child don't throw herself on the floor to make a show of herself. So I've been thinking, like, if she did that and I did tell her off, how many people would immediately come up to me and say something. Because I know that when my elder sister's son was about to run under a metro she grabbed him and yelled at him, and a Finn came to her telling her not to shake the child. So she asked this person, like, whether letting him run under the metro would have been a better option. (*Melisa, mother of one, 24*)

A few moments later, after describing an encounter at a grocery store where an older lady had hit her baby carriage with her shopping trolley, telling her not to take up so much room and to go back where she came from, she concluded that the atmosphere in Finland made her doubtful about her daughter's future: 'I do get terribly stressed about what kind of place Finland will be when she grows up.' Besides being hurtful and harmful for the respondents in their other roles in life, racism and racist encounters may also impact the way in which ethnic minority mothers feel able to fulfill their parenting responsibilities, and maintain a (self-)image as a capable and respectable parent, as well as their feelings of belonging and security in Finnish society.

4 Conclusions

This case study has focused on 18–25-year-old young parents, and mothers in particular. It is evident that, regardless of age, becoming a parent is a special life situation that in many ways disrupts the earlier life style and practices related to it. Yet, as many of the respondents emphasised, often this change is welcome and sometimes even long-awaited. While child care responsibilities with a young baby took up the bulk of many respondents' waking hours, there was a strong will to represent their everyday life as satisfying and rewarding. The widespread individualising discourses in Western society have been analysed by several scholars (e.g. Brannen and Nielsen, 2005), and the respondents in this case study were largely engaged in this discourse and tended to interpret their life situations, the related challenges and joys, and their past and present circumstances as matters of individual choice.

The young mothers interviewed for the case study neither formed a uniform group nor shared a self-identity as ‘young mothers’. They were a highly heterogeneous group in terms of both their current circumstances, material and other resources, past trajectories and future orientations. What was shared, instead, was a self-identity of a competent, caring mother; and to claim that position, many emphasised their maturity and adult role. When seen together, the rejection of a self-identity as a ‘young mother’ and the claiming of a self-identity as a mature, adult and competent mother may be interpreted as a counter-strategy – either conscious or unconscious – in response to the problem-centered and stigmatising public representations of ‘young mothers’ noted in several earlier studies (Phoenix, 1991; McDermott and Graham, 2005; Kelhä, 2009; Wenham, 2016) and recognised by the (female) respondents themselves. This interpretation is also in line with previous studies according to which young mothers resist the negative stereotyping attached to this category through defining young motherhood in one’s ‘own way’ (Niemelä, 2005) and constructing various resources such as close relationships with one’s childhood family as a part of competent and resourceful mothering (McDermott and Graham, 2005). Thus, given the stigmatising public representations, it seems to be hard to combine ‘youth’ with ‘competence’ and ‘responsibility’ when claiming an identity as a parent (mother), and thus the latter are emphasised at the expense of the former.

Two observations are to be highlighted in this context. First, age and gender especially, but also social class and ethnicity, intersect in public discourses on parenthood and family life, which not only describe people’s private spheres, but have implications for their social positions and roles as citizens that are available to them (Peltola, 2016). Second, the young respondents counter the public discourses and seek to reposition themselves in ways that highlight their active agency.

In the maternity and child health clinic setting, age implies contradictory meanings. In medical terms, the probability of risks increases with age and so pregnancies among young women are less ‘problematic’ than pregnancies in older women. Homanen (2013, pp. 242–243) has stated that nurses may even consider their younger clients to be ‘easier’ than older, well-educated clients, while simultaneously attaching to them expectations of less ability in managing their daily independent lives. The ethnographic observations in the maternity and child health clinics showed that the young mothers’ agency in the clinic setting was rather narrow and strongly shaped by the position of a client. Yet, while the predetermined content concerning the practicalities of child care was often pointedly present, the nurses in the social services also tried, and partly succeeded, to convey an atmosphere that was tolerant and supportive of the different situations of individuals and families. There were, however, also respondents who felt that they were being judged by the maternity and child health services. The maternity and child health clinic services focus on supporting the role of a parent, sometimes even so much so that the other roles of the young adults seem to be forgotten or treated only as potential burdens to the parent role.

The transition to parenthood restructures the closest relationships of the new parents (e.g. Kehily and Thomson, 2011). It is noteworthy that the respondents’ understandings of who belonged to their closest networks was not restricted by the nuclear family model, and following the earlier research on young motherhood, the respondents’ own mothers held a special position in the networks (e.g. Kehily and Thomson, 2011; McDermott and Graham, 2005). While Finland is regarded as a nation with a long tradition of advancing gender equality in its policies, it is also striking how strongly gendered the care responsibilities related to parenthood still are in the everyday lives of young women and men. The care responsibilities are all too easily organised according to habitual gender practices (Jokinen, 2005), and this tendency seemed to be shared among the respondents with different educational and ethnic backgrounds.

Thus, the maternity and child health clinic professionals and young parents' personal networks including their parents both have the potential of acting in supportive roles in young parents' attempts to maintain a positive self-identity as a parent (and in making their everyday responsibilities easier by offering professional advice or concrete help), and these supportive roles were, indeed, emphasised in many parts of the data. However, the data also included examples of relationships with professionals and parents that were also sites of conflict where the young respondents sometimes felt excluded, abandoned, undermined or hurt.

Many of the most prominent themes in the data – the ambivalent relationship concerning the category of 'youth', the gendered childcare work, the importance of respondents' own mothers and the narrow client position within the maternity and child health services, together with the over-arching experienced uniqueness of their life situation, and the willingness to represent oneself as a competent mother – were widely shared in the data across ethnic boundaries. This finding emphasises the need to build research frames in further studies that enable an examination of similarities alongside differences, to help counter some of the stereotyping easily attached to migrant or ethnic minority families (Peltola, 2016).

However, remaining sensitive to ethnic variation and its diverse implications also retains importance. The respondents' experiences of racialisation and racism were not only individually hurtful incidents, but had effects on their feelings of safety and belonging more broadly, and on their abilities to present oneself as a competent parent. According to Erel and colleagues (2017), racialised migrant mothers are often seen as transmitting the 'wrong' kind of values to their children, hindering their children's integration into the receiving society and, thus, polluting the reproduction of the nation. They are thus to be 'forced' into citizenship (ibid: 69). Instead of the 'failed integration' interpretation, Erel and colleagues advance the interpretation of racialised young mothers' parenting and caring practices reframing citizenship. Along the same lines, I found that the racialised young mothers did not simply seek to reconstitute the cultural resources they have, but to equip their children with resources that draw both from the Finnish culture and practices and those of their 'own' culture. As is also case for the respondents representing the Finnish majority, the mothers considered parts of the parenting practices of their own parents, for instance, as beneficial and parts of them not beneficial, and adopted influences in their own parenting practices from multiple sources including their own parents, the professionals, literature, media and peers. Thus their parenting cannot be understood only as transmitting something that has been transmitted to them but a more innovative process deriving from multiple sources and involving moral and practical evaluation.

The life situation of becoming a parent – a mother – is a profound change in one's life, and one that most definitely has implications for one's citizenship, societal involvement and social engagement. Citizenship and participation have been traditionally analysed as phenomena 'happening' only outside the private sphere of home. If reducing the notion of societal involvement or participation in activities like political participation, it is almost unavoidable that this life situation brings with it reduced possibilities for participation. For instance, according to Bhatti and colleagues (2018), childbearing and childbirth have a strong demobilising effect for electoral participation, which, however, is mostly temporary. This case study has also shown that at least the young parents involved in this research did not have any urge, for instance, to get organised or to strive for more rights for themselves, either as parents or in some other role they had, at least not in any collective way. When speaking about young people's or young adults' opportunities for social engagement and societal involvement, this case study shows that it is very important to take into account also their different life situations and potentially accumulating (gendered) care and familial responsibilities. In feminist theorisations of care, it has been

acknowledged that caring work – whether unpaid or paid – should be seen as a citizenship practice and not something that is separate from political theory and public sphere (e.g. Tronto, 2013). This case study highlights the significance of this notion also within research on young people’s citizenship and engagement.

While the respondents did claim other identifications besides that of a parent (e.g. that of a woman, a friend, a student, and a worker), their activities in the domestic sphere were, in this life situation, an inseparable part of how they saw themselves as citizens and the kind of contribution to society they wished to make.

5. Future analysis

This case study highlights the importance of varying life situations in young adulthood, gendered familial/care responsibilities, and continued significance of intergenerational relations in young adulthood. Potential themes for analysis within/across WP6 clusters are, thus, connected with these points. Is young parenthood unique life situation in its effect to turn attention to the private sphere and to limit the activities in the public sphere? Are young people’s or young adults’ care responsibilities gendered at a more general level – or is this something unique to parenthood? What other care responsibilities do young people have? What is the importance of intergenerational relationships – especially relationships between young people and their parents – in other kinds of life situations? How do they intertwine with living arrangements and care responsibilities, for instance? Are they gendered in a similar way as the intergenerational relations in this case study seemed to be?

Potential issues analysed through triangulation with quantitative data sets include the effects of (young) parenthood to living arrangements, family compositions and intergenerational relationships. Is it so in other countries as well, as it is in most cases in Finland, that young parents most often live independently – either together with their spouse and child or together with their child – but remain in many ways (inter?)dependent on their own parents (e.g., economically, emotionally, in terms of sharing care responsibilities)? What is the significance of different national policies concerning parental leaves and parental allowances?

6. References

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Appendix: Table of respondents' socio-demographic data

Pseudonym	Age (years)	Gender (f/m)	Education	Employment	Family status	Residential status	Ethnicity	Country of birth	Religion
Tiia	20	f	Currently in general academic secondary school	Parental leave, previously in full-time education	Cohabiting, one child, pregnant	Lives independently with a partner and child	Finnish	Finland	Christian (other)
Chailai	21	f	Completed vocational secondary school	Parental leave, previously in full-time education	Single, one child	Lives independently with child	Thai	Thailand	Buddhist
Katja	21	f	Completed vocational secondary school	Parental leave, previously in full-time employment	In a long-term relationship, one child	Lives at home with parents and child	Russian	Russia	Christian (Orthodox)
Emilia	20	f	Comprehensive school only	Unemployed	In a long-term relationship, pregnant	Lives independently alone	Mixed heritage	Finland	Not known
Hodan	22	f	Comprehensive school only	Parental leave, previously parental leave with older children	Married, two children, pregnant	Lives independently with a partner and children	Somali	Somalia	Islam
Stina	20	f	Currently in university	Parental leave, previously in full-time education	Cohabiting, one child	Lives independently with a partner and child	Finnish	Finland	Christian (Evangelic Lutheran)

Galina	25	f	Completed post-secondary training	Parental leave, previously in full-time employment	Married, one child	Lives independently with a partner and child	Russian	Russia	Christian (Orthodox)
Anna	27	f	Completed post-secondary training	Parental leave, previously in full-time education	Cohabiting, pregnant	Lives independently with a partner	Finnish	Finland	Not known
Johannes	34	m	Completed vocational secondary school	In full-time employment	Cohabiting, partner pregnant	Lives independently with a partner	Finnish	Finland	Not known
Emma	24	f	Completed vocational secondary school	In full-time employment	Cohabiting, pregnant	Lives independently with a partner	Finnish	Finland	Not known
Elina	24	f	Completed university	Parental leave, previously in full-time employment	Cohabiting, pregnant	Lives independently with a partner	Finnish	Finland	Not known
Agnese	21	f	Completed vocational secondary school	Parental leave, previously in full-time employment	Cohabiting, one child	Lives independently with a partner and child	Latvian	Latvia	Not known
Salla	24	f	Currently in post-secondary training	Parental leave, previously in part-time employment, part time education	Cohabiting, one child	Lives independently with a partner and child	Finnish	Finland	Not known
Jamila	24	f	Currently in vocational secondary school	Parental leave, previously in full-time education	Married, one child	Lives independently with a partner and child	Arab	Iraq	Islam
Kadri	23	f	Completed general academic secondary school	Parental leave, previously in full-time employment	Cohabiting, one child	Lives independently with a partner and child	Estonian	Estonia	No religion



Ayaan	22	f	Completed vocational secondary school	Parental leave, previously in full-time education	Married, pregnant	Lives independently with a partner	Somali	Somalia	Islam
Dalmar	24	m	Currently in university	In part-time employment, part-time education	Married, wife pregnant	Lives independently with a partner and child	Somali	Somalia	Islam