

## REPORT 9: YOUNG MOTHERHOOD – UKRAINE

This report is based on the results of one focus group and four individual interviews on the situation of unmarried young mothers in Ukraine. This report is a copy-edited version of material provided to the UNICEF Innocenti Research Centre by Oxford Research International. The views expressed are the views of those who took part in these discussions. All those participating did so on a confidential basis. All names have been changed.

### About the Focus Group

The Focus Group of eight unmarried mothers aged 19-21 was conducted in the Central Children's Polyclinic in Kiev on 20 November, 1999.

<b>Location:</b>	Kiev, Children's Polyclinic, conference hall
<b>Date of focus group:</b>	20 November 1999
<b>Details on selection of participants:</b>	Many mothers satisfying the recruitment criteria (unmarried aged between 17 and 21, living with their parents and having a child over one year) were to be found at the clinic, where they bring their children for medical care.
<b>Participants (name, age)</b>	Lessi, 21 Luda, 20 Elena, 21 Natasha, 21 Galina, 21 Olga, 19 Tigra, 20 Julia, 21
<b>Start time:</b>	13:15
<b>End time:</b>	15:00
<b>Comments from facilitator on group dynamics:</b>	At the beginning participants were a little tense as they were unsure whether all the other participants were single. This was solved and the discussion ran smoothly, with all participants talking. The group was very friendly and open.
<b>Problems encountered:</b>	All participants were interested in the topic under discussion and eagerly shared their opinions and experiences. No particular problems were encountered. On the contrary, after the focus group discussion several participants turned to the head of the Paediatric Unit and asked her to organize similar meetings for them at least once a month.

### About the individual interviews

Individual interviews were also carried out with the following people:

- Ira, aged 19, female, a young unmarried mother
- Varvara, aged 43, female, the mother of a young unmarried mother
- Olga, aged 31, female, a paediatrician
- Irina, aged 43, female, a health worker

## **A summary of responses from the Focus Group**

This report reflects the order in which topics were discussed, following the discussion guidelines on this subject.

### **2.1 Attitudes to raising children and social support**

The birth rate in Ukraine has recently been in decline. Participants suggested several reasons for this, including health issues, but mainly cited the current harsh economic climate. They claimed that economic problems were making it increasingly difficult to raise a family.

- *'There are more and more young women who cannot have children at the age of 22-23. These are the consequences of Chernobyl; various diseases, and abortions'* (Elena, 20)
- *'The doctors have told my sister that she will not be able to have any more children. This happened when she was having a baby. It is due to inherited disease'* (Olga, 19)
- *'It is because we cannot bring up a baby and feed it properly. When they are little, they demand less, but as they grow, they require more and more. People think: 'Why should I give birth to a child and make it suffer because I cannot support it properly?' People have to think twice about having children or not'* (Tigra, 20).

In discussion many of the young women felt that the changing economic order had set new priorities for people. In particular, young women appeared to favour education and careers over having children early in life.

- *'I have a friend. She got pregnant and had an abortion because she wanted to graduate from university first. She became infertile after that. She's been married for 3 years now, she looks at my daughter in envy but she cannot get pregnant any more.'* (Luda, 19)

They also said that young Ukrainian couples were finding it increasingly difficult to afford more than one child.

- *'There is an opinion that one child is enough. Even those who are really well off or even wealthy, also prefer to have only one child, because he/she will inherit everything'.* (Lessi, 21)

#### **2.1.1 Reasons for having the child**

All those interviewed, albeit for different reasons, decided against abortion once they knew they were pregnant.

- *'I was afraid that if I had a vacuum abortion, I would never be able to give birth'* (Luda, 20)
- *'I was planning to have an abortion, but once I felt him inside, I could not do it'* (Tigra, 20).

- *'I think I had a choice, but I was scared to have an abortion, as it usually has some side effects, negative for one's health. I was 16 when I got pregnant.'* (Ira, young mother, 19, individual interview)

### 2.1.2 Negative attitudes

As far as negative attitudes in family planning were concerned young mothers appeared particularly unenthusiastic about marriage.

- *'Of course I would like to have a complete family, but at the moment it is not very important. My first experience of being married was not good at all. But, on the whole, having a traditional family is better. My friends will not be scared that I will steal their boyfriends. Generally I think it is more important for me than for the child.'* (Ira, young mother, 19, individual interview)
- *'It happened by accident that I got pregnant. My boyfriend and I decided to get married. After that we couldn't live together and we soon divorced.'* (Ira, young mother, 19, individual interview)

### 2.1.3 Positive attitudes

Overwhelmingly, however, positive attitudes emerged. Young mothers did not feel that their future prospects had been greatly impaired by having children. Many mentioned that having children had helped them make new friends.

- *'When you go for a walk with the baby, you go around and meet other mothers, and we get to know each other.'* (Tigra, 20)
- *'If the children meet in the street, they start talking to each other. Their mothers then start talking to each other as well. Otherwise we would not meet'* (Natasha, 21)
- *'I have taken this decision [to have a child] and I do not regret it'* (Lessi, 21)

In fact, some participants felt that having children had brought new meaning to their lives.

- *'Once you give birth, you know that you are going to live for this child. Otherwise, you will simply live your life and it will be useless'* (Tigra, 20)
- *'Having the child makes you understand the meaning of life'* (Natasha, 21)

There was a general consensus that the future would bring success. Most participants were either involved in work or study, or indeed both.

- *'A child limits the possibility of getting an education and finding a job. But if you are well-motivated, you will manage somehow.'* (Luda, 20)
- *'I will raise my daughter and provide her with a good education in a private school. Personally, I would like to become an office manager of the treasury. I would like to emigrate and build up my life abroad. Life there is calmer and richer. Anyway, I would like to get married to a Russian.'* (Ira, young mother, 19, individual interview)

## **2.2 Obstacles to further education**

Participants did not appear restricted in their choices on education since becoming mothers. While they recognized the difficulties of balancing study with the demands of a young child, most appeared determined to make the most of their situation.

- *'When I was pregnant my perceptions and expectations of being a mother were very different. I thought it would be much more difficult. It is all very different now – it is much easier [...] Of course, a child 'ties my hands' in a way, but I am sure I will reach my goals. It is too difficult to work and study simultaneously if you have a child. Now I am only working.'* (Ira, young mother, 19, individual interview)
- *'My values have changed in many ways, after giving birth to my son. I decided to enter university, and I have. I am growing together with my son. I have a lot to learn from him. I have changed a lot, thanks to my son. My life plans have changed - I need to think of his education, his future [...] these values are different - I do not think only for myself any more.'* (Lessi, 21)
- *'I do not have any problems. I used to study and to work - I did some technical drawings at home. Now I have a baby and I continue doing the same thing. I am continuing my studies and I plan to enter the academy this year. I do not see any special problems.'* (Natasha, 21)
- *'When I was pregnant, I entered a vocational school. After giving birth, I stayed at home for 3 months and came back to study. All the teachers were very friendly and closed their eyes to me being late, or going away early. I go on studying and I do not have any particular problems.'* (Luda, 20)

## **2.3 Obstacles to employment**

Some young mothers encountered problems at work when their children came along. They gave the impression that new legislation for the protection of mothers at work was necessary. Some, however, said that they had been more fortunate – their employers made allowances for their new circumstances.

- *'I lost my job because of my baby. I used to have a very good job, but once I got pregnant, they told me that they were going to sack me as soon as the laws allow it'* (Lessi, 21)
- *'When my child was 4 months old, my employer told me either to find a new job or I would get sacked. I had to come back to work.'* (Julia, 21)
- *'I was working for a private firm and I was really scared that they would sack me when the baby came. On the contrary, they have helped me a lot and I can return to work when I will feel like it'* (Olga, 19)
- *'I am working. I am a specialist in the chancellery of the Ukrainian Treasury. My working hours are from 9 to 6, with Saturday and Sunday off. I have a secondary school diploma majoring in economics. I would like to study economics at university, (the financial faculty). I enjoy this kind of work, but to get a better position you need to have higher education. I think that having a baby creates some additional problems in looking for a job. Having a baby means that you need to leave the child at kindergarten. It also means you might need to spend a lot of time with the baby if it is ill. Few employers are ready to accept this. I've been working for 6 months now; so far*

*I have no reasons to complain. I have got used to it, but I still get really tired.'* (Ira, young mother, 19, individual interview)

## **2.4 A supportive environment**

### **2.4.1 Partners**

Most mothers agreed that their babies' fathers offered little in the way of financial support for their children. In fact, some of the young mothers claimed that their partners had only been willing to offer money to abort the child.

- *'There is an attitude among males that if you give birth to the child, then it is your business to bring it up'* (Tigra, 20).
- *'I once lived with a man. It was perfect as long as I was working and earning money. He did not work, he preferred to stay at home, sleep half of the day. I supported him financially. When I got pregnant he said that he did not want this child because he was not able to support it. I chose to keep the baby, but I did not want to stay with him any more. [...] I have chosen to keep this child and I do not regret it at all.'* (Lessi, 21)
- *'I had a similar situation. He said that he did not want this child and if I insisted I could have the baby but it would have nothing to do with him. He offered me some money to have an abortion. That was all.'* (Natasha, 21)
- *'When my partner learned that I was pregnant, he gave me some money to have an abortion. He was not ready to become a father. He did not support my decision at all. We got married anyway, but after 6 months, we divorced.'* (Ira, young mother, 19, individual interview)

Perhaps reluctance to support the pregnancy could explain the young mothers' general disapproval of the fathers of their children.

- *'We lived together and wanted to have a baby. When I was pregnant for 2 months he left me and I did not hear from him till my baby was 1 year old. Now he does not show up at all.'* (Elena, 21)
- *'They tend to appear when the baby is a bit older and the most difficult time has passed'* (Tigra, 20)
- *'My mother told him that the baby is his, but he denied it and said that we should prove it with tests.'* (Luda, 20)
- *'When I was pregnant he tried to force me to have an abortion. My friends had to protect me because he was blackmailing me. I have not seen the father of my child for a long time.'* (Lessi, 21)

Despite the many criticisms, some women felt that their children did need a father.

- *'I rely on myself, but I cannot help hoping that the father of my child will come back. The baby needs a father anyway. It is better to have the 'real' father return - another man who is not the biological father will never wish to take care of somebody else's children.'* (Tigra, 20)

The mother interviewed individually was in agreement.

- *'Most of all, they need a reliable partner, the real father. It would be good for them to have an opportunity to take advantage of some expert advice and support from special centres.'* (Varvara, mother [of a young mother], 43, individual interview)

#### 2.4.2 Parents

In stark contrast to the fathers' disregard, Ukrainian families appear to lend immense support to young unmarried family members. All participants agreed that their families were by far the greatest source of help.

- *'Nobody supports me apart from my parents'* (Natasha, 20)
- *'Nobody does [support my daughter]. The only support from the others I could think of is limited to birthday presents'* (Varvara, mother of a young mother, 43, individual interview)

Most participants (with one exception) confirmed that particularly their mother was the first person they would turn to when they needed advice.

In general, the attitude of the parents interviewed was mixed. Despite their willingness to support their daughters where possible, they were unhappy that their daughters had become pregnant in the first place. The main reason was that the girls had no means of supporting the child.

- *'My parents were shocked.... My father supported me in my decision to give birth, but my mother, on the contrary, tried to convince me to have an abortion.'* (Ira, young mother, 19, individual interview)
- *'At the end of the day, they all support us very much, even if they say that is was wrong'* (Elena, 21)
- *'Our family is very big: I have six aunts and uncles from my mothers' side and seven from my fathers side - all of them help me. My grandmother supports me but she tells me all the time that I should be ashamed to have a baby without a husband. She used to forbid me to go for a walk if there was somebody in the yard'* (Luda, 20)
- *'My mother is really interested and involved in my life and my father works a lot, he does not have much time [...] My father loves his granddaughter even more than my mother does. He tries to get away from work earlier and gives her absolutely everything. My mother is stricter with her, but she baby-sits all the time [...] Only my parents support me.'* (Ira, young mother, 19, individual interview)

Perhaps Varvara's comment in her individual interview was the best summary of the attitude of parents to illegitimacy.

- *'We did not know anything about it [our daughter being pregnant] until she actually gave birth.... At the very beginning I felt a bit lost, but then I thought, well, it has already happened, we must help. I have supported her. And what could I do if she really wanted this child? It has happened, so be it.'* (Varvara, mother of a young mother, 43, individual interview).

Varvara was also supportive of her daughter's wish to study and was positive about the need for education.

- *'I would support it with great pleasure. I want my daughters to study. Education is essential for this life.'* (Varvara, mother or a young mother, 43, individual interview)

### 2.4.3 Friends

Some participants remarked that they now had less in common with their former friends. Others seemed happy with whatever support their friends offered.

- *'Of course, others help. My parents have supported me very much. Those who are really close to me really support me. My friends, on the other hand, have started treating me in a different way. It is no surprise – we now have different interests.'* (Tigra, 20)
- *'My friends, on the contrary, are very supportive. They come to visit us often and help me. Should my baby fall ill, they will all come and bring medicine. My friends frequently come and pick up my baby to take her for a walk'* (Galina, 21)

### 2.4.4 Government

Young mothers were sceptical of the support offered by social services. They agreed that the only responsibility of these services was to distribute allowances, and claimed that they failed even in this task.

- *'What assistance can I expect if they don't even pay me my monthly allowance on time?'* (Tigra, 20)
- *'If you did not go there and shout at them, they would never do anything'* (Elena, 21)

The head of paediatrics at the children's polyclinic was of the same opinion.

- *'The social welfare system cannot meet the requirements of young mothers. It is essential that psychologists, lawyers, and social workers work together with medical institutions such as ours. A paediatrician, like me, should not become a social worker, as I did before. Paediatricians are there to treat children's illnesses, social workers are there to do another job.'* (Olga, paediatrician, 31, individual interview)

All young mothers were critical of the amount of state support provided.

- *'[The state] does not support us at all'* (Tigra, 20)
- *'What is their support? The children's allowance is [US\$17] per month. It is not even enough to buy juice for the baby, nor sufficient to buy ordinary apples, not to mention exotic fruit.'* (Elena, 21).
- *'It is ok if a mother has enough milk to feed the baby, and if she does not – well all this baby food is extremely expensive. If my parents did not support me with money I do not know how would I feed my baby'* (Olga, 19)
- *'I have enough support from my friends, my parents and relatives. What I really need is to find a job giving me the opportunity to support myself and bring up my baby. I do not expect anything from the government – it doesn't care anyway'* (Lessi, 21)

### 2.4.5 Doctors and nurses

With the exception of one participant, all young mothers agreed that the support offered from doctors and nurses was minimal.

- *'I have never heard of doctors or nurses helping for free.'* (Tigra, 20)
- *'During the first month of the baby's life, when they were obliged to visit him, they used to show up and phone frequently, and that was all.'* (Lessi, 21)
- *'Our nurse has visited us only once in the course of 10 months'* (Tigra, 20)
- *'[Doctors] are only interested in inoculating the baby to fill in their reports'* (Lessi, 21)

Only one of the participants was of a different opinion.

- *'We are lucky to have a very good doctor.'* (Elena, 21)

Not surprisingly, the doctor interviewed shed a completely different light on the subject:

- *'I am mainly involved in assisting pregnant women. I visit young mothers before and after they give birth. We look at the living conditions of young mothers and their babies, monitor the pregnancy, solve problems with parents and assist with psychological distress. We teach young mothers how to prepare for breastfeeding, and explain other things essential for coping with a baby. [...] Women under 18 can receive advice on family planning in our centre. If they have special requirements or difficulties, we send them to an advice/diagnosis centre. Once a young woman gets pregnant and is registered, we receive information about her and start visiting her at home. A doctor visits a pregnant woman once a month, and a nurse twice a month.'* (Olga, paediatrician, 31, individual interview)

However, she understood the reasons why young women were so critical of the services offered by doctors and nurses.

- *'There are few specialist doctors. This causes long queues. The laboratories are not adequate either. There are 800-1000 babies in the area I cover. Our facilities can only cope with 600 visits per month. Young mothers need psychological support. We are not able to provide it - we have 1 psychologist for 6000-8000 mothers. It is virtually impossible to see everyone in need.'* (Olga, paediatrician, 31, individual interview)

### 2.4.6 Society

Experience of the support of neighbours and people less close to home varied from case to case.

- *'If my baby is ill, and I need to go somewhere, I can easily ask any of my neighbours to help with babysitting and they never refuse.'* (Elena, 21)
- *'I do not trust any neighbours. I only trust my mum.'* (Tigra, 20)
- *'Only my mother helps me. Sometimes I can call on my granny for help, nobody else'* (Luda, 20)

## **2.5 Access to information**

### **2.5.1 Family planning classes**

Participants could be divided into 2 groups with respect to access to family planning advice at school. Roughly half received some instruction either from gynaecologists or psychologists while the other half complained that the information on contraception which they had received was inadequate. Regardless of whether they had received family planning classes or not, all explained that their pregnancies had come about because the contraceptives they relied on had let them down. Nevertheless, all respondents believed that it is important to have sex and/or health education at school.

- *'I think it is very important to have some form of family planning lessons at school - particularly for girls. These groups could be both single-sex and mixed. The most important thing is to have a capable specialist give the lecture.'* (Ira, young mother, 19, individual interview)

### **2.5.2 Parents**

It appeared that parents were of little help in this area. The mother of one respondent confirmed this opinion.

- *'We did not discuss this matter – I told her about it [family planning and sex]. You know, I got married when I was very young myself. I have become a grandmother at the age of 39. I have never thought about it [formal sex education]. I do not know...'* (Varvara, mother of young mother, 43, individual interview)

### **2.5.3 Health professionals**

Health professionals were acutely aware of the consequences of poor health and sex education both from home and at school:

- *'First of all, they start blaming their parents. Then they start blaming the government and the state. Later on, they understand the mistakes their parents made in bringing them up.'* (Olga, paediatrician, 31, individual interview)
- *'... [Young mothers] are not ready for this life at all. They are not prepared to cope with stress, but they adapt well. Our school system is geared towards giving information on a number of subjects, but it does not provide proper focus on personal health and healthy life-styles. It is important to teach young people how to get relaxation, how to avoid stress and how to cope with it. Unfortunately, parents cannot help young people in this sense - their attitude towards their health is simply appalling. They cannot teach anything, their role model is terrible. That is why children are not prepared to solve the problems they face. It is necessary to start by teaching doctors and teachers how to cope with stress and solve problems. Only then will they start teaching young people: it is not possible to teach something that you do not understand yourself.'* (Irina, paediatrician, 43, individual interview)
- *'Our services are not required by most young people at the moment, they do not know what's on offer and are not interested, they simply do not think about it.'* (Olga, paediatrician, 31, individual interview)

The social worker thought that it is not the lack of information which is the problem, but more the content of sex education which is riddled with taboos and inhibitions. However, young mothers felt that they were sufficiently educated on contraception and reproduction. A lack of understanding of these matters they claimed was not the reason why they became pregnant. However, the fact that failed contraceptives was the main reason given for their unwanted pregnancy raises questions as to how well informed they really are.

## **2.6 Access to services**

The social worker listed the range of services theoretically available to young mothers, but as was outlined earlier by the doctor, it was clear that not all services were actually provided.

- *'We provide mothers with allowances for babies and special benefits for single mothers. We are also responsible for prescribing medicines for babies under-3 free of charge, and for children under 6 with a 50% discount. We issue vouchers for free delivery of maternal milk substitutes for mothers with low income. Our clients definitely need more social, psychological and financial support. Financial support would probably be the most effective, because material comfort is very important for psychological reasons. The demands on the social welfare system far outweigh the resources available, particularly in this area.'* (Irina, paediatrician, 43, individual interview)
- *'Despite the fact that fewer babies are born now, we are still too busy. We do not have enough time to pay proper attention to our patients. The paperwork I have to complete for each patient is extremely demanding. I spend 2 out of every 3 hours filling in forms instead of talking to young mothers. A computer would help a lot; it would save time and help to avoid repetitive writing. We should design questionnaires to be filled in by the mothers themselves. We have problems with medicine - many of our patients cannot afford it. We also lack good equipment particularly for diagnostics.'* (Olga, paediatrician, 31, individual interview)

Both young mothers and their parents were critical of the lack of counselling services for young women.

- *'There are only district women's advice centres, I do not know about any other services.'* (Ira, young mother, 19, individual interview)

The gynaecologist from the polyclinic refers females to the women's advice centre when a pregnancy is confirmed. It is a compulsory visit. Only these centres can issue the appropriate certificates for employers, and refer a patient to a maternity clinic.

- *'There are no specialized services or crisis centres yet. These services are being established only now. That is why doctors and nurses are the only ones responsible for the problems facing young mothers. In a way schoolteachers and parents can assist, but in most cases they turn to their doctors.'* (Irina, paediatrician, 43, individual interview)

Low quality services and lack of trust can discourage young mothers from turning to specialists.

- *'In my opinion only 30% of young women in crisis turn to us early enough; others try to postpone it for a variety of reasons. In most cases they do not come because they do not believe that they would get any assistance. It is also very difficult for them to explain their problem. In many cases this is also due to the attitude of their families: their parents do not find it necessary to help their daughters with good advice, but say: 'This is your problem - you solve it.'* (Irina, paediatrician, 43, individual interview)
- *'They turn to their friends for solutions. Those who really think about their future turn to advice centres or telephone 'help lines', or social support services. However, those who turn to professionals for help are very few.'* (Olga, paediatrician, 31, individual interview)

## **2.7 Need for support**

### **2.7.1 Support in childcare**

Young mothers were concerned with the standard of services available for childcare. All felt that considerable improvements were necessary in this area.

- *'Assistance in babysitting would be appreciated, but it is extremely expensive now'* (Tigra, 20)
- *'Even if I could afford to invite a nurse to help with babysitting, I would not trust anyone but my mother'* (Elena, 21)
- *'It is possible to entrust the baby to state nurseries but not to the private firms'* (Tigra, 20)

Participants were interested in more information on childcare.

- *'On the whole, information on health care and the nutrition of babes is very scarce. If I ask doctors for advice, they are often surprised that I am interested. If I ask the doctor what they are going to do to my child, they reply that is not necessary for me to know.'* (Lessi, 21)

### **2.7.2 Domestic help**

Some young women said that they would appreciate help with housework so that they could find a job. Others were happy to stay at home.

- *'When I come back home in the evening there are so many things to do that I cannot cope. If there were some assistance, it would really help.'* (Luda, 20)
- *'Housework is not difficult for me. I enjoy doing it.'* (Elena, 21)
- *'If you plan your day well, it is possible to manage everything. I can cope.'* (Lessi, 21)

### **2.7.3 Counselling for psychological and social problems**

Many of the young mothers interviewed were keen on receiving more help and advice on how to best raise their children.

- *'... [We] need some advice on child psychology from a psychologist. We often do not know how to treat the child, how to explain things to him when he fails to understand.'* (Tigra, 20)
- *'We get information from our parents, friends, and from some books, but we do not have the opportunity to consult with a specialist.'* (Luda, 20)
- *'Our parents see bringing up kids in a different way, their views are old-fashioned and I do not believe that they are correct [...] I only rely on myself. I do not expect any assistance and have never expected it. I will do my best to provide everything required for my child. Of course, I would be grateful for assistance, if any, but I will never ask for any help.'* (Lessi, 21)

## Responses to individual interviews

### 1. Ira, aged 19, female, a young unmarried mother

<b>Location:</b>	Kiev, Children's Polyclinic
<b>Date of interview:</b>	22 November 1999
<b>Interviewee (name, age)</b>	Ira, 19
<b>Start time:</b>	13:30
<b>End time:</b>	13:55
<b>Comments from facilitator:</b>	No particular problems were encountered. Ira was eager to talk about herself and her child.

#### **Q1. Please tell us briefly about your family: who you live with and what they do?**

*My family consists of my mother, my father, my daughter (1 year and 2 months old) and myself. My mother stays at home, my father works, and so do I.*

#### **Q2. Why did you decide to have a child?**

*It happened by accident that I got pregnant. My boyfriend and I decided to get married. After that we couldn't live together and we soon divorced.*

#### **Q3. Did you have a choice?**

*I think I had a choice, but I was scared to have an abortion, as it usually has some side effects, negative for one's health. I was 16 when I got pregnant.*

#### **Q4. If you were pregnant again to whom would you turn for advice?**

*First of all, I would turn for advice to my mother, only after that to some doctors.*

#### **Q5. What do you think of family planning/sex/health education in schools?**

*I think it is very important to have some form of family planning lessons at school - particularly for girls. These groups could be both single-sex and mixed. The most important thing is to have a capable specialist give the lecture*

#### **Q6. Are there specific health and/or counselling services available for young women in your neighbourhood?**

Yes	✓	
No		→ go to Q8

**Q7. What is your experience with these services?**

*There are only district women's advice centres, I do not know about any other services. Women's advice centres are actually specialised polyclinics. The gynaecologist from the district polyclinics refers females to the district "women's advice centre" when pregnancy is detected. It is a compulsory visit. They are the only entity which can issue a certificate for employers confirming pregnancy and they are the only entity to refer one to a maternity clinic. One cannot go to "women's advice centre" without being referred by the polyclinics.*

**Q8. What was the reaction of your parents (relatives) to you being pregnant?**

*My parents were shocked.*

**Q9. Did they support your decision to give a birth?**

*My parents were shocked.... My father supported me in my decision to give birth, but my mother, on the contrary, tried to convince me to have an abortion*

**Q10. Did the father of the child/partner support your decision? What did he actually say?**

*When my partner learned that I was pregnant, he gave me some money to have an abortion. He was not ready to become a father. He did not support my decision at all. We got married anyway, but after 6 months, we divorced*

**Q11. Are you happy with your child?**

*I am very happy with my child. I love her so much.*

**Q12. Prior to having the baby did you feel the same or did you have different perceptions and expectations on being a mother?**

*When I was pregnant my perceptions and expectations of being a mother were very different. I thought it would be much more difficult. It is all very different now – it is much easier*

**Q13. Do you feel that having a child helps you to find new opportunities or closes down opportunities?**

*Of course, a child "ties my hands" in a way, but I am sure I will reach my goals. It is too difficult to work and study simultaneously if you have a child. Now I am only working.*

**Q14. Why? In what regards?**

*See Q13.*

**Q15. Would you like to have a "traditional" two-parent family or is that not important to you?**

*Of course I would like to have a complete family, but at the moment it is not very important.*

**Q16. Why/Why not?**

*My first experience of being married was not good at all. But, on the whole, having a traditional family is better. My friends will not be scared that I will steal their boyfriends. Generally I think it is more important for me than for the child*

**Q17. Are your parents interested in your life?**

*My mother is really interested and involved in my life and my father works a lot, he does not have much time*

**Q18. How much do they support you with your child?**

*My father loves his granddaughter even more than my mother does. He tries to get away from work earlier and gives her absolutely everything. My mother is stricter with her, but she baby-sits all the time*

**Q19. Do you plan to move away from the home of your parents?**

*I would not mind it, but my mother would not allow me to do so.*

**Q20. Why/Why not?**

*My mother thinks that I will take care only of myself, that I will not care well for my daughter, that I would not eat and would not feed the baby. My mother is extremely concerned with my lifestyle.*

**Q21. Please tell us briefly about your current relationship with the father of your child. Does he provide you with enough support?**

*He has denied this kid. He said that once we were divorced, he no longer had a kid. He does not show up and does not help at all.*

**Q22. Who else provides important support or services?**

*Only my parents support me. As long as I had no job I used to receive a government allowance for the baby.*

**Q23. What is the main type of support a young woman with a child would need and who should provide it?**

*First of all a young woman with a child needs a partner. It is easier to survive in this way. Financial support from the government is necessary, at least whilst under school age.*

**Q24. What are you doing now apart from bringing up your child?**

*I am working. I am a specialist in the chancellery of the Ukrainian Treasury. My working day is from 9 to 6, with Saturday and Sunday off.*

**Q25. Would you like to continue your education?**

*I have a secondary school diploma majoring in economics. I would like to study economics at university, (the financial faculty).*

**Q26. Why?**

*I enjoy this kind of work, but to get a better position you need to have higher education.*

**Q27. Does having a baby make it difficult to find a job?**

*I think that having a baby creates some additional problems in looking for a job.*

**Q28. Why?**

*Having a baby means that you need to leave the child at kindergarten. It also means you might need to spend a lot of time with the baby if it is ill. Few employers are ready to accept this.*

**Q29. What is your experience with employers?**

*I've been working for 6 months now; so far I have no reasons to complain. I have got used to it, but I still get really tired*

**Q30. What are your longer-term plans for your life?**

*I will raise my daughter and provide her with a good education in a private school. Personally, I would like to become an office manager of the treasury. I would like to emigrate and build up my life abroad. Life there is calmer and richer. Anyway, I would like to get married to a Russian.*

**Q31. How does the child relate to these goals?**

*I have not thought about it yet. I have not looked that far into the future.*

**Thank you very much.**

**2. Varvara, aged 43, female, the mother of a young unmarried mother**

<b>Location:</b>	Kiev, private house
<b>Date of interview:</b>	22 November 1999
<b>Interviewee (name, age)</b>	Varvara, 43
<b>Start time:</b>	15:30
<b>End time:</b>	15:55
<b>Comments from facilitator:</b>	Varvara is the mother of one of the focus group participants. No particular problems were encountered during the interview.

**Q1. Please tell us briefly about your family: who you live with and what they do?**

*We live together; my husband (47), myself (45), two daughters (23,19) and two grandchildren (4 and 1,5). Neither of our daughters are married, each of them has a child. We have moved to Kiev from the village, but our parents still live there. So, our family is rather big – we are 6 and we all live together.*

**Q2. How did you learn that your daughter was going to have a child?**

*We did not know anything about it up to the moment she gave birth.*

**Q3. What was your initial reaction to this?**

*At the very beginning I felt a bit lost, but then I thought, well, it has already happened, we must help*

**Q4. Did you support her decision to give a birth?**

*I have supported her. And what could I do if she really wanted this child. It has happened, so be it.*

**Q5. Prior to that did you have discussions with your daughter about family planning and sexual behaviour? Or was that provided in the school?**

*We did not discuss this matter – I told her about it [family planning and sex]. You know, I got married when I was very young myself. I have become a grandmother at the age of 39. I have never thought about it [formal sex education]. I do not know.*

**Q6. Were these discussions provided in the school?**

*I have never thought about it. I do not know.*

**Q7. Are there specific health and counselling services available for young women in your neighbourhood?**

Yes		
No	✓	→ go to Q9

Further comment: *Nothing apart from the regular “female check ups”*

**Q8. What do you think of these?**

**Q9. What is your view on the father of the child?**

*Well, I really love my grandchildren. Of course, I would like my daughters to get married. I used to have a very positive opinion about the father of my younger daughter’s baby, I could not even imagine that it would end up this way. Anyway I do not bear a grudge – I thank him for the granddaughter.*

**Q10. Do you feel that having a child helps your daughter to find new opportunities in life or closes down opportunities?**

*I think that once they have children my daughters know what they are living for. I think they can easily go to work or to study – we will support them. I do not think that having a baby closes down any opportunities.*

**Q11. In what regard?**

See Q10.

**Q12. Does your daughter plan to move away from your home?**

*At the moment, neither of them plans to move away. Of course they would like to have their own home, but not right now.*

**Q13. Are you happy about living with her?**

*Well, it depends. Sometimes I am happy about it, other times not too happy. But on the whole, I am happy that we are all together.*

**Q14. Please tell us briefly about your current relationship with the father of your child. Does he provide your daughter with enough support?**

*He does not show up at all.*

**Q15. Who else provides important support or services to your daughter?**

*Nobody does [support my daughter]. The only support from the others I could think of is limited to birthday presents*

**Q16. What is the main type of support a young woman with a child would need and who should provide that?**

*Most of all, they need a reliable partner, the real father. It would be good for them to have an opportunity to take advantage of some expert advice and support from special centres*

**Q17. Would you support your daughter’s decision to seek further education?**

*I would support it with great pleasure.*

**Q18. Why/Why not?**

*I want my daughters to study. Education is essential for this life.*

**Thank you very much.**

### 3. Olga, aged 31, female, a paediatrician

<b>Location:</b>	Kiev, Children's Polyclinic, Head of the Paediatric Unit's office
<b>Date of interview:</b>	20 November 1999
<b>Interviewee (name, age, gender)</b>	Olga, 31, F
<b>Start time:</b>	15:10
<b>End time:</b>	15:45
<b>Comments from the , facilitator:</b>	The respondent is a young paediatrician in the polyclinic. She is very interested in her job and loves working with the mothers and children. There were no particular problems with the interview, but at first she could not understand why we focused on 'women and young people' (Q1). She said that she does not deal with 'women' or 'young people', but with 'mothers and their children' - a very different definition in her opinion.

#### **Q1. Can you please briefly describe what services your workplace provides to women and young people?**

*My profession is in paediatrics. Young mothers can receive advice on family planning in our centre. If they have special requirements or difficulties, we send them to a specialised centre. Once a young female gets pregnant and is registered in the district centre we receive information about her and start visiting her at home. A doctor visits a pregnant young female once a month, and a nurse - twice a month.*

#### **Q2. More specifically, what are your responsibilities?**

*I am mainly involved in assisting pregnant women. I visit young mothers before and after they give birth. We look at the living conditions of young mothers and their babies, monitor the pregnancy, solve problems with parents and assist with psychological distress. We teach young mothers how to prepare for breastfeeding, and explain other things essential for coping with a baby. [...] Women under 18 can receive advice on family planning in our centre. If they have special requirements or difficulties, we send them to an advice/diagnosis centre. Once a young woman gets pregnant and is registered, we receive information about her and start visiting her at home. A doctor visits a pregnant woman once a month, and a nurse twice a month*

#### **Q3. Can you briefly tell about your clients? Who are they and what type of problems do they generally have?**

*Our assistance is proactive,, which means that we work to prevent any possible problems, we are to anticipate the problems. The main problem young single mothers face is finance. The allowance at birth amounts to 1000 griven (200\$) and that is all that they get. In most of cases these mothers come from "problem" families, the risk group, and claim to get pregnant "by accident". There are three main types of these families: either they have many kids, take drugs or abuse alcohol, or their parents occupy important positions. In all the above-mentioned cases parents do not care much about their children. Another important problem is the problem with housing and bringing up the child. Most young mothers do not have their own home. Being pregnant and having a baby without a husband or permanent partner is a serious psychological problem for many young mothers.*

**Q4. How do teenage mothers react to emotional or life problems according to your experience?**

*Most young mothers react to everything very painfully, particularly during the pregnancy. Many of them do not trust doctors and nurses and it is very difficult to make them trust you. In most of the cases the first reaction of young mothers is either aggression or frustration (proportion being equal). As a rule, they are trying to find support among their female friends of the same age.*

**Q5. Who are they blaming for the problems they have?**

*First of all, they start blaming their parents. Then they start blaming the government and the state. Later on, they understand the mistakes their parents made in bringing them up*

**Q6. Where do they seek solutions?**

*They turn to their friends for solutions. Those who really think about their future turn to advice centres or telephone 'help lines', or social support services. However, those who turn to professionals for help are very few*

**Q7. How do teenage mothers in crisis react to the services you provide?**

*Their reaction to the services we provide is positive and thankful. Usually at the beginning they expect us to start moralising and get ready to fight back, but as soon as they feel the friendly and open attitude they open up and become attracted to us.*

**Q8. In what sense are they receptive to the services you provide? In what sense are they not?**

*Their reaction depends very much on the personality of the doctor and the nurse. At the beginning they are very tense and not willing to communicate. Later on they get used to us and we find a common language. In most the cases, young unmarried mothers try hard to hide the fact that they are alone at the beginning and it makes them tense. As time passes, this fact becomes less important.*

**Q9. How do young mothers enter your institution? For example, in most cases do they come here directly, or do they have to be referred by another institution or a doctor?**

*We receive information about all the pregnant females from the women's polyclinics and then start visiting them. After they give birth and leave the hospital, we make more frequent visits - once a week.*

**Q10. What percentage of young women in crisis receive the type of services you provide in a timely manner, in your opinion?**

*I think, about 80% of young mothers who have a baby under 1 year come to us early enough. They simply do not have any other place to turn to, unless they have any friends among doctors.*

**Q11. How would you improve the efficiency of your work as regards young women in crisis? Where would you put more emphasis?**

Despite the fact that fewer babies are born now, we are still too busy. We do not have enough time to pay proper attention to our patients. The paperwork I have to complete for each patient is extremely demanding. I spend 2 out of every 3 hours filling in forms instead of talking to young mothers. A computer would help a lot; it would save time and help to avoid repetitive writing. We should design questionnaires to be filled in by the mothers themselves. We have problems with medicine - many of our patients cannot afford it. We also lack good equipment particularly for diagnostics. There are few specialist doctors. This causes long queues. The laboratories are not adequate either. There are 800-1000 babies in the area I cover. Our facilities can only cope with 600 visits per month.

**Q12. Do you think the type of services you provide are known enough or are attractive enough to young persons? Why?**

*Our services are not demanded by most of the young people at the moment, They do not know about it and do not find it necessary, they simply do not think about it.*

**Q13. What other types of services or support would your young clients need?**

*Young mothers are in need of sociological and psychological support. We are not ably to provide it - we have 1 psychologist for 6000-8000 babies. It is virtually impossible to see everyone in need.*

**Q14. What do you think about the life-skills of your clients?**

*Their life skills are one-sided: they are usually very good in estimating exchange rates and calculating money but their skills essential for everyday life are very poor.*

**Q15. What do you think about the way these young persons are prepared by parents or the school to cope with stress and solve problems?**

*Most of the young mothers are not prepared to cope with stress and solve problems. Schools are trying to do something, but it is either very formal or absolutely useless. There is a lot of literature on this issue now but very few young people read it. Those who do read, feel better about it. There are also some programs on the TV, but nobody watches them.*

**Q16. Who are those young persons most at risk? Why?**

*I think that schoolchildren in higher classes are most at risk. There are some good schools, the parents pay, and the situation there is better. In many regular schools nobody cares about the students. Their parents do not care about them either. These are mainly the families with three kids and more, low-income families, families abusing drugs or alcohol. Their children are most at risk. At the same time we come across problem kids from extremely rich families - their parents think that a computer and money are enough care for the child.*

**Q17. In what ways could these young persons receive more support?**

*We have a school for young mothers, but unfortunately very few young people know about it - there is simply a lack of information. Some time ago this school was a typical show school; now it has changed, but its bad image persists. Young mothers are in need of financial support from the state. They need to be sure that the state will take part in bringing up their children. A young mother should have a guaranteed job, in fact, the whole economy should function better.*

**Thank you very much.**

#### 4. Irina, aged 43, female, a health worker

<b>Location:</b>	Kiev, Children's Polyclinic, Head of the Paediatric Unit's office
<b>Date of interview:</b>	22 November 1999
<b>Interviewee (name, age, gender)</b>	Irina, 43, F
<b>Start time:</b>	14:00
<b>End time:</b>	14:45
<b>Comments:</b>	Irina is the Head of the Paediatric Unit. She organises and checks the paediatric and social care for mothers and their children receive. No particular problems were encountered during the interview. It might be interesting to note that the interviewee (herself a health worker) never talked about 'safe sex', 'sex education', etc., but always referred to 'these questions', 'these topics', etc.

#### **Q1. Can you please briefly describe what services your workplace provides to women and young people?**

*We provide mothers with allowances for babies and special benefits for single mothers. We are also responsible for prescribing medicines for babies under-3 free of charge, and for children under 6 with a 50% discount. We issue vouchers for free delivery of maternal milk substitutes for mothers with low income*

#### **Q2. More specifically what are your responsibilities?**

*In fact I am the head of the Paediatric Department. What I do in reality is the organisation and management of paediatric and social care of mothers and their children.*

#### **Q3. Can you briefly tell about your clients? Who are they and what type of problems do they generally have?**

*I am the doctor and the head of department at the same time. That is why in most cases I resolve irregular problems and settle controversial cases. I am in charge of the hospitalization and specialized treatment of pregnant women and young mothers. I also solve the personal problems of my clients. For example, recently I had to organise an abortion for a 16-year-old girl who was in her 31st week of pregnancy and did not want to have a child at all.*

#### **Q4. How do teenage mothers react to emotional or life problems according to your experience?**

*The problems facing young mothers are complex and, as a rule, their roots are in their families. In most cases young mothers come from "problem families". Their families live in a state of permanent psychological problems. These girls might have a father and a mother but, at the same time, have no family. This set-up makes them particularly sensitive and they frequently become depressed and anxious which is very difficult to treat.*

#### **Q5. Who are they blaming for the problems they have?**

*In most cases they blame their parents and families for their problems.*

**Q6. Where do they seek solutions?**

*There are no specialized services or crisis centres yet. These services are being formed only now. That is why doctors and nurses are the ones who solve all the problems facing young mothers. In a way schoolteachers and parents can assist, but in most cases they turn to their doctors.*

**Q7. How do teenage mothers in crisis react to the services you provide?**

*Their reaction is varied. In most cases they are open to the contact, but there are disappointing reactions as well.*

**Q8. In what sense are they receptive to the services you provide? In what sense they are not?**

*Young mothers are really grateful for any real financial assistance: free baby food, assistance with nursery care, free medical prescriptions etc. They are used to being aggressive towards attempts to coordinate their lives, but in spite of that, in many cases they use the advice given. They are not ready to speak about their lives and themselves - they are accustomed to being defensive if you touch on these issues. They are frightened of being judged and mistreated for the fact of being single mothers.*

**Q9. How do young mothers enter your institution? For example, in most cases do they come here directly, or do they have to be referred by another institution or a doctor?**

*In most cases they turn to me when they fail to solve some of their problems. Other doctors, sisters or friends to come to me refer them.*

**Q10. What percentage of young women in crisis receive the type of services you provide in a timely manner, in your opinion?**

*In my opinion only 30% of young women in crisis turn to us early enough; others try to postpone it for a variety of reasons. In most cases they do not come because they do not believe that they would get any assistance. It is also very difficult for them to explain their problem. In many cases this is also due to the attitude of their families: their parents do not find it necessary to help their daughters with good advice, but say: 'This is your problem - you solve it.*

**Q11. How would you improve the efficiency of your work as regards young women in crisis? Where would you put more emphasis?**

*Social assistance to young mothers is inadequate. It is essential to have psychologists, lawyers and social workers working together with medical institutions such as ours. A paediatrician, like me, should not become a social worker (as I did). Paediatricians are there to treat children, social workers are to do their job.*

**Q12. Do you think the type of services you provide are widely known or are attractive enough to young persons? Why?**

*I think that our institution is well known to our potential patients. Young people are well informed. There are doctors and nurses in each school, our doctors visit young mothers and babies - they all provide our patients with information about us. There is a new law, that from now on, teenagers will get medical service in the children's polyclinics up to the age of 18. I think this is a good decision - the atmosphere here is much warmer and homely than in the adult one. Now, the young mothers will be our patients themselves.*

**Q13. What other types of services or support would your young clients need?**

*Our clients definitely need more social, psychological and financial support. Financial support, probably, would be the most effective, because material well being is very important for psychological comfort.*

**Q14. What do you think about the life-skills of your clients?**

*I would divide them in three groups:*

- 1. Some have no life skills at all - these find themselves facing severe psychological problems in the course of adaptation*
- 2. Some understand very well what this life is all about, they manage to continue to study and/or to work after having a baby*
- 3. Some are living this life in flows. They "follow the stream".*

**Q15. What do you think about the way these young persons are prepared by parents or the school to cope with stress and solve problems?**

*[Young mothers] are not ready for this life at all. They are not prepared to cope with stress, but they adapt well. Our school system is geared towards giving information on a number of subjects, but it does not provide proper focus on personal health and healthy life-styles. It is important to teach young people how to get relaxation, how to avoid stress and how to cope with it. Unfortunately, parents cannot help young people in this sense - their attitude towards their health is simply appalling. They cannot teach anything, their role model is terrible. That is why children are not prepared to solve the problems they face. It is necessary to start by teaching doctors and teachers how to cope with stress and solve problems. Only then will they start teaching young people: it is not possible to teach something that you do not understand yourself*

**Q16. Who are those young persons most at risk? Why?**

*All young people are at risk. Girls in our country are not ready to become mothers. This topic was taboo for many years. About 90% of babies today are born with some problem, a few of them grow out of it in childhood, and others grow up with functional problems. Books and other sources of information (on safe sex, etc) are not enough. There is no education in the sense of safe sex and healthy life-style.*

**Q17. In what ways could these young persons receive more support?**

*There are several things to do:*

- *To solve the problem with allowances*
- *To assist young mothers (allowance is small and not paid on time)*
- *To provide them with psychological support from specially trained professionals.*

**Thank you very much.**