REPORT 8: YOUNG MOTHERHOOD – ROMANIA

This report is based on the discussions of two focus groups and on responses to four individual interviews on the situation of unmarried young mothers in Romania. 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 and all names have been changed.

About the Focus Groups

The discussions were conducted in Iasi, a city in north-eastern Romania on 7 November 1999. Both Focus Groups consisted of eight young mothers, selected one day before the discussions took place. The Focus Groups were held at the Iasi St Maria Children’s Hospital in the children’s playroom of the cardiology department measuring 4 by 6 metres. The room was arranged in the style of a ‘public institution’ with a long table surrounded by chairs and a table for refreshments.

Focus Group One (FG1)

<table>
<thead>
<tr>
<th>Location:</th>
<th>Children’s Playroom, Cardiology Section, St. Maria Children’s Hospital, 20 Vasile Lupu Street, 6600 Iasi, Romania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of focus group:</td>
<td>7 November 1999</td>
</tr>
<tr>
<td>Details on selection of participants:</td>
<td>Many mothers satisfying the recruitment criteria (unmarried, aged between 17 and 21, living with their parents and having a child over one year of age) were to be found at the hospital, where they bring their children for medical care.</td>
</tr>
</tbody>
</table>
| Participants (name, age, child/children) | Cipriana, 21, 1 son  
Iulia, 19, 1 son  
Catalina, 20, 1 daughter  
Cristina, 21, 2 children  
Leontina, 21, 1 daughter  
Diana, 20, 2 children  
Oana, 21, 1 daughter  
Aura, 21, 1 daughter |
| Start time: | 14:00 |
| End time: | 15:50 |
| Comments from facilitator on group dynamics: | The participants showed a friendly attitude from the beginning, partly because the recruitment was assisted by Cipriana, a social worker whom they all trust. They enjoyed having a relaxed conversation away from their children. Several of them went through mood swings, going from laughter to tears. |
| Problems encountered: | No particular questions caused problems. They called the fathers of their children ‘my man’, ‘my partner’, or ‘my husband’ even though unmarried. |
Focus Group Two (FG2)

<table>
<thead>
<tr>
<th>Location:</th>
<th><em>Children’s Playroom</em>, Cardiology Section, St. Maria Children’s Hospital, 20 Vasile Lupu Street, 6600 Iasi, Romania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of focus group:</td>
<td>11 November 1999</td>
</tr>
<tr>
<td>Details on selection of participants:</td>
<td>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 hospital, where they bring their children for medical care.</td>
</tr>
</tbody>
</table>
| Participants (name, age, child/children) | Florina, 17, 1 boy  
Ana, 21, 2 children  
Petronela, 21, 4 children  
Anda, 18, 1 daughter  
Simona, 21, 1 boy  
Brindusa, 20, 1 boy  
Cerasela, 22, 1 daughter  
Ana-Maria, 21, 1 boy, |
| Start time: | 17:00 |
| End time: | 18:40 |
| Comments by facilitator on group dynamics: | The participants showed a friendly attitude from the beginning. They were attracted by the refreshments, which apparently are a luxury in their daily life. As they were engaging in the conversation, several of them went through mood swings, going from laughter to tears. |
| Problems encountered: | Because of the restrictive selection criteria, one age-exception had to be made: Cerasela is aged 22, one year over the required limit. No particular question raised reticence. During the discussion, they called the fathers of their children ‘my man’, ‘my partner’, or even ‘my husband’ even though unmarried. |

About the individual interviews

Individual interviews were also carried out with the following people:

- Cipriana, age unknown, female, social worker
- Aura, age unknown, female, psychologist
- Emilia, aged 20, young unmarried mother
- Dana, aged 48, the mother of Emilia
A summary of responses from the Focus Groups

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

2.1.1 Reasons for having the child

There was a consensus in both groups that conditions for raising children were becoming increasingly difficult in Romania. Poverty and the lack of support from government agencies were the most frequently mentioned factors. Several Roma mothers expressed nostalgia for the Ceaucescu era, when abortion was illegal.

- ‘Living conditions are miserable. State allowances for children are too small. And I don’t have a job’ (Cristina, FG1, 21)
- ‘We don’t have jobs. Most of those living in the country have no land. We cannot secure a future for our children’ (Diana, FG1, 20)
- ‘Life is very difficult. I don’t have a place of my own. Many of us live with our parents.’ (Ana-Maria, FG2, 21)
- ‘Misery pushes women to abortion’ (Brindusa, FG2, 20)
- ‘Ceaucescu loved children. The proof is that he had forbidden abortion’ (Simona, FG2, 21)

With few exceptions, most participants had not planned to get pregnant. Some women maintained that either physical or emotional pressure had led to the pregnancy, while a second group said that it had simply been an accident.

Typical comments included:

- ‘We decided to have a baby because his parents wanted us to break our relationship. But we really wanted this child’ (Catalina, FG1, 20)
- ‘I wanted to have an abortion when my boyfriend came to the hospital and stopped me. So I gave birth to our son.’ (Iulia, FG1, 19)
- ‘My husband used to beat me. I didn’t want a child, since I knew it was going to be torture, but he wanted to have a boy. He forced me to have a child, but I had a girl, so he left me.’ (Ana-Maria, FG2, 21)

Most participants said that their pregnancy had been accidental:

- ‘I thought it was fine to be a mother, but it was not meant to happen so quickly.’ (Cipriana, FG1, 21)
- ‘When I got pregnant, my partner was indifferent. But I didn’t want to have an abortion. I love my child and will do my best to take care of him, particularly since I had a miserable childhood.’ (Leontina, FG1, 21)
• ‘I didn’t want to get pregnant, but I was afraid of God so I refused to have an abortion.’ (Cerasela, FG2, 22)
• ‘I didn’t actually make a decision. It just happened. I could have had an abortion, but I didn’t want one.’ (Emilia, young mother, individual interview)

Only one mother claimed she had actually planned her pregnancy:

• ‘I really wanted to have a little girl, so I was very happy to have her’ (Anda, FG2, 18)

2.1.2 Positive attitudes

Many participants insisted that having a child was a good thing as the child motivates the mother to try and improve her lot, despite hardships.

• ‘The child is our pride [she and her partner’s]’ (Cipriana, FG1, 21)
• The children motivate us to fight: to get a better job, to build a house, to create better conditions.’ (Cristina, FG1, 21)
• ‘I live only for him [her child]’ (Emilia, young mother, individual interview)
• ‘… hygiene in the house is now better, and the food too’ (Iulia, FG1, 19))

2.1.3 Negative attitudes

Despite positive core attitudes to children, participants were quite negative on a number of specific issues. Perhaps this could be explained by the fact that their children had suffered various hardships since birth. In general, the young mothers appeared defiant, some even seemed guilty. Aura, a psychologist at St. Maria Children’s Hospital gave a telling account of these young mothers:

• ‘I am not exaggerating when I say that 80% of these young mothers have been abused physically and emotionally, abused by their parents and sometimes by teachers. They are not mature.. They conceived a child accidentally. When asked if they wanted their child, most of them gave vague answers: “I don’t know, I guess so”. They are definitely immature, both emotionally and socially. They have no future prospects.’ (Aura, psychologist, individual interview)

On getting pregnant in the first place, all participants seemed to agree with the following statement:

• ‘… one should have known what the consequences would be.’

Some other relevant comments were:

• ‘I know I’m too young to be a mother, and I have a sick child.’ (Florina, FG2, 17)
• ‘They [children] bring trouble too. I’m sick and tired of staying with him in the hospital.’ (Oana, FG1, 21)

2.2 Obstacles to further education

Emilia was aware that continuing her studies might improve her prospects:
• ‘I would like to further my studies, if not at university, then at least post-secondary ... I hope to get a good job so I could raise my child better.’ (Emilia, young mother, individual interview).

However, her mother did not support her long-term perspective:

• ‘What she needs right now is to get a good job, not go to school. She has to earn her own money, since she has no husband’ (Dana, mother of Emilia, individual interview)

Many participants in both groups felt that motherhood virtually rules out any chance of continuing education.

• ‘Once the child is conceived, you have to stop going to school. You should have thought about it before.’ (Cipriana, FG1, 21)

In the case of the Roma mothers, attitudes to education were poignant. Most were forbidden even to attend primary school. Even then, their task was to care for their younger brothers.

• ‘My mother didn’t allow me to go to school. I had to take care of my little brothers.’ (Florina, FG2, 17)

Few of the Roma mothers actually reached the final year of primary school. Many put this down to state pressures. In FG2, Cerasela only reached 6th grade while Petronela left school after 8th grade. Few had attended secondary school; only one had reached 11th grade. None of the other Roma mothers had attended school at all. They explained that girls typically get married at 14 or 15. Once married, there is little time for anything other than housework and raising children.

2.3 Obstacles to finding a job

Most participants agreed that having a baby makes finding a job more difficult:

• ‘I cannot work eight to ten hours, as is now required. My mother cannot stay with the baby continuously; and I cannot afford a babysitter.’ (Emilia, young mother, individual interview)

• ‘I really need to get a job, but there are no part-time jobs.’ (Diana, FG1, 20)

• ‘I found a job in the textile industry, but there is nobody I could leave the child with.’ (Cipriana, FG1, 21)

• ‘The employer needed someone with more education. I only completed 8th grade.’ (Oana, FG1, 21)
2.4 A Supportive environment

2.4.1 Parents

There was a general consensus that parents offered the most important element of support, namely accommodation. With only one exception (Elena in FG1 who lived with her mother and was satisfied with her living conditions), almost all young mothers were keen to have a place of their own. Most explained that they lived at home because they could not support themselves financially. Relations with parents varied.

- ‘I live with my parents because we don’t have much money. We are four people living in a single room with few comforts. As you can imagine, there are some tensions between us.’ (Cipriana, FG1, 21)
- ‘We first wanted to live with his [her partner’s] parents, but they didn’t accept us. Now we live with my parents and we get along very well with them.’ (Cristina, FG1, 21)
- ‘I live with my mother. We are 10 people in one room. My baby is very sick.’ (Florina, FG2, 17)
- ‘We used to live with my partner’s parents. They helped us financially and with everything else, but he became a drug addict. I moved away, so now I rent accommodation, alone with my baby.’ (Ana-Maria, FG2, 21)
- ‘I live with my mother and we get along very well’ (Anda, FG2, 18)

Emilia, individual interview, lived with her parents and received modest support from her mother.

Young mothers from urban areas were perhaps more ambitious, some wanted to get a job and move into a rented flat or, even more optimistically, buy a flat of their own.

- ‘I really hope to be able to buy a flat of my own’ (Cipriana, FG1, 21)
- ‘I am about to buy a single-room apartment’ (Aura, FG1, 21)

In some cases, the participants simply wanted to move away from their parents’ home and did not care where they moved to:

- ‘... the atmosphere isn’t too nice right now [with her parents]. I’d like to be on my own.’ (Emilia, young mother, individual interview)

Some participants from rural areas were in the process of building a house. Two examples; Oana (FG1) with her partner; Brindusa (FG2) with the help of her parents. She was convinced that this would increase her chances of getting married.

2.4.2 Partners

Not surprisingly, the person who most young mothers considered the most important in terms of support was their partner. Many claimed, however, that this form of support depended greatly on how government employment policies would develop.

---

1 The cost of a single-room apartment In Iasi is about USD 4000-5000. Living as a tenant means paying a rent of USD 70-90/month. The average income in Romania is USD 95. Most Romanians living in urban areas became owners of the flats they live in. They bought them from the Romanian Government after the political change from 1989, for relatively low prices.
• ‘I have nobody but my partner. I know that we have to support ourselves.’ (Leontina, FG1, 21)

There was a sense of dependency on government handouts in both groups.

• ‘I have no job, my partner has no job. How does the government think that a young couple can live?’ (Oana, FG1, 21)

2.4.3 Relatives and Friends

Most young mothers felt that material support was the best support their relatives could give them. In some cases they also received some:

• ‘I have a brother-in-law in Greece. From time to time he sends us some money.’ (Cristina, FG1, 21)
• ‘I have ten brothers and sisters. They help us with a lot of work in building our house.’ (Petronela, FG2, 21)

However, in several other cases, participants complained about getting no help from relatives:

• ‘We get no support from my brothers-in-law.’ (Oana, FG1, 21)
• ‘My sisters are too busy with their own problems to help me.’ (Diana, FG1, 20)

Participants felt that friends could at best lend moral support. Moreover, many appeared to accept advice and encouragement from their friends:

• ‘My friends help me from time to time. But only with advice, not materially, since they don’t have money for themselves’ (Catalina, FG1, 20)

But some received more than moral support from friends – some had been offered financial support. A case in point was Emilia who had been receiving support from a former school friend.

2.4.4 Government

Participants were unanimous that their main source of income was from child benefit. They felt that this was not enough to make ends meet:

• ‘My only hope is the postman who brings my benefit’ (Oana, FG1, 21)

For some however the situation was different. Cipriana (FG1) only received help from her partner, as did Leontina (FG1) and Ana (FG2). Cerasela (FG2) said that she was alone and received help from nobody. All she hoped for was to get a job.

2.4.5 Doctors and nurses

The GP and nurses are often asked for help. The hospital psychologist, Aura, was blunt:
‘Most often, they go to the GP. They tend to turn every sort of problem they have into a psycho-somatic crisis. Sometimes they go to the priest or to their siblings or friends.’
(Aura, psychologist, individual interview)

It should be borne in mind that participants represented a social group with considerable material and emotional problems. Furthermore, participants often go to their GP when their child is ill but also talk about their problems there.

FG1 participants accused some of the medical workers of being arrogant and corrupt. They also complained about awful hospital conditions – poor and inadequate food, and lack of free medication. (Some claimed that they had to purchase medicine with their own money that should have been subsidized in whole or in part). However, on the whole they accepted the situation, since they understood the economic difficulties of the medical system at large.

- ‘They treat the baby well, but they humiliate us’. (Oana, FG1, 21)
- The cooks treat us very badly. With contempt they slam food in front of us, and give us tiny portions.’ (Cipriana, FG1, 21)
- ‘One of them told me “If you don’t like it, bring your own food.”’ (Oana, FG1, 21)
- ‘I haven’t received any free medication. I have been buying medicine for the last three months.’ (Aura, FG1, 21)

Another issue was raised in FG2. Participants complained about being rejected by medical workers on the basis of their ethnicity. Some even mentioned brutal treatment.

- ‘My baby was sick and I needed to call an ambulance urgently. So I went to the medical unit, but I was told I had to go to the post office to get a receipt for the long distance call. My baby had to wait for four hours’ (Petronela, FG2, 21)
- ‘When I got to the doctor with my daughter, the doctor simply refused to touch her. He was telling me to put her on the scale, and so on.’ (Anda, FG2, 18)

Some of the Roma mothers told chilling stories of their treatment by the medical profession:

- Cerasela (FG2) went to the hospital in pain. She was told to wait in front for half an hour, and had no choice but to give birth on the pavement, while she was waiting. She was only moved to a table to have the umbilical cord cut.

- Ana (FG2) was at home when she first felt contractions. She went to the hospital, but after a superficial check up, the doctor said she was alright, and discharged her. She had to come back shortly afterwards and gave birth the very same day.

### 2.4.6 Society

FG1 participants complained about a general negative attitude to single mothers. For example they explained that there is a lot of disregard for young mothers on public transport. They were also critical of the lack of public amenities to cater for their needs.
• ‘Few people in the tram offer you a seat. Especially young people who lack an education.’ (Diana, FG1, 20)
• ‘In railway stations there are no longer reserved places for “mother and child,” as there used to be.’ (Oana, FG1, 21)
• ‘There are no public parks and playgrounds for small children.’ (Cipriana, FG1, 21)

FG2 participants focused once more on the negative perceptions of certain ethnic groups:

• ‘In the tram, everybody thinks we are thieves.’ (Petronela, FG2, 21)
• ‘The men in the streets talk dirty to us. Every time we are the ones chased by the police, not them.’ (Cerasela, FG2, 22)

Nevertheless, participants in both groups conceded that these examples were exceptions and that the overall picture was perhaps more cheerful.

2.5 Need for support

2.5.1 Housing and employment

All participants, without prompting, insisted that housing was their greatest need. But this was not voiced to the exclusion of all else. Young mothers also stressed that they needed jobs.

• ‘I’d take whatever job came my way, even sweeping the streets’ (Cerasela, FG2, 22)
• ‘I need a job in the city, because working a piece of land, as I do now, doesn’t get you very far.’ (Petronela, FG2, 21)
• ‘I would rather take a job for 4-6 hours instead of waiting for the child benefit.’ (Leontina, FG1, 21)

2.5.2 Domestic help

The participants in FG1 were opposed to the idea that someone else should help with cooking and house cleaning. Some perceived this sort of support as an intrusion rather than a form of help. Others felt that many other things were more important.

• ‘No, I wouldn’t like this at all!’ (Catalina, FG1, 20)
• ‘Just let us have the food to cook!’ (Cristina, FG1, 21)

The young mothers from FG2 were amused by the idea of getting domestic help. They found it difficult to give serious answers and the session became tumultuous for a short while.

2.5.3 Counselling for psychological and social problems

While both groups acknowledged the need for psychological support, the focus was on more tangible help. There were differences between the two focus groups. Participants in FG1 expressed the need to improve their education in the areas of parenting and
hygiene. FG2 participants however, underlined the need for a major overhaul in the public service sector.

- ‘I need someone to teach me about my child’s illnesses’ (Oana, FG1, 21)
- ‘The state should help young mothers more and the doctors should pay us more attention’ (Cerasela, FG2, 22)

According to Aura (psychologist) these young mothers lack the life skills to raise their children properly:

- ‘...I very much doubt that they have such skills. It’s amazing how they pay no attention to the treatments prescribed for their children. Many of them still don’t know how to feed their children correctly, even after several years: an acute lack of education!’ (Aura, psychologist, individual interview)

This assertion was also supported by the view of Cipriana (social worker):

- ‘...there is a great need for education with respect to hygiene, especially for rural women’ (Cipriana, social worker, individual interview)

She also drew a revealing picture of the mothers most exposed to social risks:

- ‘The most exposed are young mothers from rural areas or from orphanages. After one year in a young mothers’ centre, they are simply thrown out on the street. They have to face life on their own. They need lots of documents, which are expensive. Most of them have no information about their rights. Often they give up when confronted with bureaucracy.’ (Cipriana, social workers, individual interview)
Responses to individual interviews

1. Cipriana, age unknown, female, social worker

| Location: | Centre for Romanian Studies, 4 Independentei Street, 6600 Iasi, Romania |
| Date of interview: | 9 November 1999 |
| Interviewee (name, gender, position) | Cipriana, F, social worker at the school of St. Maria Children’s Hospital, Iasi |
| Start time: | 13:30 |
| End time: | 14:05 |

Comments from facilitator: The interviewee has been working for two years in the hospital’s school. Apart from her educational work, she gives economic counselling to young mothers. Her job is to report the cases to the Coordinating Council of the Hospital’s School. She is apparently very dedicated to her work. She volunteers to help young orphans. For instance, she sometimes takes such children to her place over the weekend, despite the bureaucratic obstacles she has to overcome. She talked a lot about examples of cases that impressed her.

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

I am a social worker at the School at St. Maria Children’s Hospital.

Q2. More specifically what are your responsibilities?

I am in charge of listening to the economic difficulties encountered by the mothers who accompany their children to hospital. I report the cases to the Coordinating Council of the Hospital’s School.

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

I work with the young mothers who accompany their children to the hospital. They are usually people with great economic problems and very often with family problems. My job has also an educational dimension: I work with the hospitalized children.

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

I distinguish between two types of young mothers: ‘mothers who care’ are those that despite huge difficulties stick with their children and try hard to overcome the problems. The ‘mothers who don’t care’ are those who abandon their children in the hospitals. I can tell you about the case of a young mother who abandoned all three children due to some misunderstandings with her husband and mother-in-law.

Q5. Who are they blaming for the problems they have?
They blame the state for their poverty: because of unemployment. There are cases of mothers whose entire families are unemployed: the husband and the parents. Secondly, they get less and less support for medication and, in general, for medical assistance. The mothers very often look for help in other places; the church, for instance.

Q6. Where do they seek solutions?

…for the treatment of their children, the hospital. For social issues, they often fail in getting help when they pursue official channels. It is true that they lack knowledge about what they are entitled to from the state, and how to go about it. That’s why one sees desperate acts, like mothers going public on national TV. They broadcast live on social topics and beg for help.

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

They react in different ways. There are mothers who simply try to take advantage of our assistance. They take the material help we provide them with, but nonetheless abandon the child.

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

We realize that most mothers who come with their children to St. Maria are in great need of help, emotional and material. They are very happy to get it, but often they don’t understand what our duties are. They want a kind of global help, for everything they need. Many mothers ask us for school supplies for their children.

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?

Some of them are sent by their family doctor. Others come again for the treatment of their children. Finally, some are sent by specialist doctors from the smaller cities around Iasi.

Q10. What percentage of young women in crisis are receiving the type of services you provide early enough, in your opinion?

Over 70%.

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

Typically, the social worker in the hospital only deals with the worst cases; and we are literally overloaded with work. It is obvious that the first step in improving efficiency would be to increase the number of social workers.

Q12. Do you think the type of services you provide are known enough by or are attractive enough to young persons? Why?
I know they are! I always have open conversations with young mothers, so I know what how they feel.

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

They all need material assistance, of every kind. Most needed are jobs, accommodation, medication, and state aid for the children. This is what they mostly ask for. Apart from this, there is a great need for education with respect to hygiene, especially for women from rural areas.

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

My clients are very young mothers who have difficulties in supporting themselves, let alone their children. They have very bad conditions as home. This speaks for itself.

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?

Generally speaking, they are rejected by their families. They abandon school (if they have been there). Besides, the curricula lacks many things with regard to the life skills they’d need. It also lacks psychological counselling during school, since most schools simply don’t have a psychologist.

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

The most exposed are young mothers from rural areas or from orphanages. After one year in a young mothers’ centre, they are simply thrown out on the street. They have to face life on their own. They need lots of documents, which are expensive. Most of them have no information about their rights. Often they give up when confronted with bureaucracy.

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

I guess the City Hall should have a special service for them. There are mothers who have been going to Iasi City Hall for 4–5 years just to have one problem solved. Secondly, a better coordination of the NGOs with the public institutions is needed.

Thank you very much.
2. Aura, age unknown, female, psychologist

<table>
<thead>
<tr>
<th>Location:</th>
<th>Centre for Romanian Studies, Bd. Independentei 4, 6600 Iasi, Romania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of interview:</td>
<td>8 November 1999</td>
</tr>
<tr>
<td>Interviewee (name,</td>
<td>Aura, F, psychologist at St. Maria Children’s Hospital, Iasi</td>
</tr>
<tr>
<td>gender, position)</td>
<td></td>
</tr>
<tr>
<td>Start time:</td>
<td>17:00</td>
</tr>
<tr>
<td>End time:</td>
<td>17:45</td>
</tr>
<tr>
<td>Comments:</td>
<td>Aura has been working in the Fourth Clinic of the hospital since 1992. She is a respected professional in the clinic. She kindly agreed to answer the questions out of enthusiasm for our study.</td>
</tr>
</tbody>
</table>

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

I’m a psychologist in charge of counselling young mothers who take their children to the hospital. The mothers whose children are in the hospital, as a rule, have not taken care of their children appropriately.

Q2. More specifically what are your responsibilities?

The young mothers are sent to the practice in order to learn how they should treat their children. They should learn what problems their children have and how to deal with them.

Q3. Can you briefly describe your clients? Who are they and what type of problems do they generally have?

I am not exaggerating when I say that 80% of these young mothers have been abused physically and emotionally, abused by their parents and sometimes by teachers. They are not mature. They conceived a child accidentally. When asked if they wanted their child, most of them gave vague answers: “I don’t know, I guess so”. They are definitely immature, both emotionally and socially. They have no future prospects.

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

Most of them have accumulated loads of psychological baggage they don’t know about. When I talk to them, it is as if I have opened the window of a room that has never before had an airing. They burst into tears, but the simple fact that someone listens to their problems makes them feel better.

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

It depends on their level of education. The majority speak about impersonal entities, like ‘God’, ‘fate’, or ‘luck’. In some cases they blame the immediate social circle, like the family. They seldom assume responsibility for their situation.

Q6. Where do they seek solutions?
Most often, they go to the GP. They tend to turn every sort of problem they have into a psycho-somatic crisis. Sometimes they go to the priest or to their siblings or friends.

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

Their first reaction is invariably fear, because they have been manipulated through fear in the past. But in time they get more and more open to communication.

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

It’s really hard to change their way of seeing things: prejudice and superstition related to how children should be raised, to life in generally. They still believe that beating the child from time to time is very efficient because that’s how they were brought up. The most important thing in working with them is to show them what their own feelings really are. Afterwards everything goes better.

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?

Most of them are being sent from the professor of the clinic. In some cases they refer themselves.

Q10. What percentage of young women in crisis are receiving the types of services you provide early enough, in your opinion?

No more than 10%. A major problem here is that, as a psychologist, I am not allowed to rent a flat as an office unless a doctor employs me in his practice. This is stipulated in the new medical insurance law. That’s why I preferred to work in the hospital, although the accessibility is narrower here than in a polyclinic.

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

I guess the training system for psychology students should be improved. The current system does not permit them to come into the hospital for a placement in psychology. The excuse is ridiculous: supposedly the state has no funds to spare, but previously I was not paid for this either. There are many other activities we could do with young mothers and their children – group therapy, for instance – but there are too few psychologists in the hospital.

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

I suppose so. Most important is to express things at their level of understanding.

Q13. What other types of services or support would your young clients need?
They very much need sexual education. Then, education with respect to hygiene, both for themselves and for their children.

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

I very much doubt that they have such skills. It’s amazing how they pay no attention to the treatments prescribed for their children. Many of them still don’t know how to feed their children correctly, even after several years: an acute lack of education.

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?

Almost nil! They are neglected by the system, being at the disposal of mass media, which is guided only by commercial interests. In terms of social skills, I see no benefits from the education school gives them.

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

Those young people who have no access to, or else refuse education. Youngsters from certain areas of the big cities or from the rural areas have smaller chances of access to education.

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

From what I can see, religious classes hold out a small amount of hope. They develop a sense of morality and responsibility about themselves and about the others. But, most importantly, the government should come down from its ivory tower. They simply don’t see what the real problems are. More qualified people are needed.

Thank you very much.
3. Emilia, aged 20, young unmarried mother

<table>
<thead>
<tr>
<th>Location:</th>
<th>Private house, Bucharest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of interview:</td>
<td>12 November 1999</td>
</tr>
<tr>
<td>Interviewee (name, age)</td>
<td>Emilia, 20</td>
</tr>
<tr>
<td>Start time:</td>
<td>17:00</td>
</tr>
<tr>
<td>End time:</td>
<td>17:30</td>
</tr>
<tr>
<td>Comments from facilitator:</td>
<td>Emilia has a son aged just over twelve months. She shares a three room flat with her parents. She graduated from secondary school. She is not communicative. She partly shares her parents’ attitude according to which she is in a shameful situation. She is sceptical about her chances of finding a good husband.</td>
</tr>
</tbody>
</table>

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

I live with my mother and my father. My mother is a lift operator and my father is a driver.

Q2. Why did you decide to have a child?

I didn’t actually make a decision. It just happened.

Q3. Did you have a choice?

I could have had an abortion, but I didn’t want to.

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

To my family and my friends.

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

There is no serious sex education in the school. I don’t know much about family planning.

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>✔</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>➔ go to Q8</td>
</tr>
</tbody>
</table>

Q7. What is your experience with these services?

I’ve never been there. I just saw that there are some medical practices of this kind.

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

At first they wanted to kick me out of the house.

Q9. Did they support your decision to give a birth?
Not really. My father didn’t want to hear about it. But after a while my mother started to feel pity and managed to convince my father, as well.

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

He only agreed to marry because I was pregnant. He wouldn’t have accepted it otherwise. As a matter of fact, two months after the birth we divorced.

Q11. Are you happy with your child?

Indeed I am. I live only for him.

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

It’s just that I didn’t think that I’d have to raise him by myself.

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

Not really. I feel kind of isolated.

Q14. Why? In what regard?

I can’t see my friends any more, I don’t have time for myself.

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

Of course I would like a two-parent family, isn’t that normal?

Q16. Why/Why not?

A real family needs a man. Not only to bring up the child, but also for paying the bills. And people must know that the child has a father, you know!

Q17. Are your parents interested in your life?

Yes, especially my mother.

Q18. How much they support you with your child?

Not very much, but I can’t criticize them.

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

Yes, I really do.
Q20. Why/Why not?

I don't have a great atmosphere at home right now, you know? I would like to be on my own.

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

We have a good relationship. He comes over about every two weeks and helps us with money, but not too much.

Q22. Who else provides important support or services?

My best friend.

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

I think the state should assist us better, financially but not only that. It should create some special jobs for young mothers, or something like that.

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

Nothing.

Q25. Would you like to continue your education?

Yes. I would like to study further, if not in university, at least post secondary.

Q26. Why?

To get a good job so I could raise my child better.

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

Yes.

Q28. Why?

I cannot work eight to ten hours, as is now required. My mother cannot stay with the baby continuously; and I cannot afford a babysitter.

Q29. What is your experience with employers?

Not impressive at all.

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

All I want is a normal life, without worrying about tomorrow.
Q31. How does the child relate to these goals?

*He is part of all my plans. As a matter of fact everything I do, I do for him.*

Thank you very much.
4. Dana, aged 48, the mother of Emilia

<table>
<thead>
<tr>
<th>Location:</th>
<th>Private house, Bucharest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of interview:</td>
<td>12 November 1999</td>
</tr>
<tr>
<td>Interviewee (name, age)</td>
<td>Dana, 48</td>
</tr>
<tr>
<td>Start time:</td>
<td>17:40</td>
</tr>
<tr>
<td>End time:</td>
<td>18:10</td>
</tr>
<tr>
<td>Comments from facilitator:</td>
<td>Dana works as an elevator operator in a public institution in Bucharest. She asked the interviewer for details about himself and about the purpose of the study as she didn’t want to speak to a journalist. She and her husband feel very ashamed about the situation of their daughter. She is convinced that she has done her best to help her daughter.</td>
</tr>
</tbody>
</table>

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

_I live with my husband and my daughter, and, for eight months, with our nephew as well. My husband works as a driver in a private firm. My daughter takes care of her child._

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

_I first noticed how she kept eating all the time. Then I saw her belly getting bigger. Finally, I convinced her to talk to me._

Q3. What was your initial reaction to this?

_I remember that I wanted to kick her out on the street for the shame she brought on us. But then I calmed down and got used to the idea, little by little._

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

_There was nothing I could do. I couldn’t push her to have an abortion, so that was 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 never talked about such things, but I had warned her not to get pregnant! I don’t know if she has learned in the school about something like this._

Q6. Were these discussions provided in the school?

_I don’t know._

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

| Yes | ✔ |
| No | ➔ go to Q9 |
Further comment: I suppose so.

Q8. What do you think of these?

Well, I only know that those who think about aborting do go there.

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

A bastard! She was 19 and he was 24. He got her pregnant and married her just because of my big mouth. They divorced shortly afterwards. He is not a man, he is a worthless piece of trash.

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

Opportunities? She cannot do anything more from now on. She has to raise the child, if that’s what she wanted.

Q11. In what regards?

She has time for nothing else now.

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

I don’t know, but I guess she would like to.

Q13. Are you happy about living with her?

Sometimes I really feel sorry for her, but I cannot stop telling her that it’s her fault.

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

There is practically no relationship. He gives her a pittance.

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

A friend of hers from high school helps her.

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

Well, first of all, most important to her would be a good husband. But who do you think would marry her now? And the state should increase the welfare payment but they don’t have any money either.

Q17. Would you support your daughter decision to seek further education?
I don't see how I could, as I don't have time to stay with the child. She should have thought about this before getting pregnant.

18. Why/Why not?

What she needs right now is to get a good job, not go to school. She has to earn her own money, since she has no husband.

Thank you very much.