The Everyday Life Information Seeking behaviour of first-time pregnant teenagers from areas of deprivation during their final weeks of pregnancy.

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This dissertation was submitted in part fulfilment of requirements for the degree of MSc Information and Library Studies

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DECLARATION

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Abstract

The aim of this research is to understand the information needs of first-time pregnant teenagers during the final weeks of pregnancy, how these needs manifest and how their preference and choice of sources, their judgements of relevant and reliable information and the barriers they face affect the teenagers meeting those needs.

The final weeks of pregnancy for any woman can be stressful and an uncertain time with the oncoming life-changing event. Furthermore, the birth itself being an unknown experience can bring further worries and the need for more information. It was therefore hypothesised that this period would be particularly anxious for first-time pregnant teenagers from areas of deprivation. This study wanted to see if the pregnant teenagers had specific information needs during these final weeks, what they were, and if responding to these needs eased their worries. Three teenagers from a youth centre situated in an area of particular deprivation, along with five information gatekeepers, who work with pregnant teenagers within the Greater Glasgow area, were the focus of this study. A combination of dairies and semi-structured interviews with the teenagers together with semi-structured interviews with the information gatekeepers aimed to look at the Everyday Life Information Seeking behaviour of the girls to gain an understanding of their information needs.

It was found that the teenagers appeared to have similar information needs to any other pregnant woman, but the girl's socioeconomic situation changed the priorities of these needs. Furthermore, the priority of these information needs changed according to whose perspectives these needs were coming from: the teenager's or the gatekeeper's. Their choice of source appeared to be strongly linked with relevance and reliability and surprisingly the teenagers were reassuringly good at using the right source for the right information need. However this faltered slightly when it came to online sources. Human contact seemed to be their favoured source and trust came up as the key theme that allowed the teenagers to fulfil their information needs. Barriers such as their age, motivation, illiteracy, their socioeconomic background, social stigma and lack of resources to name a few, were found to be the root problem for pregnant teenagers meeting their information needs.

In conclusion it appeared that some of the teenagers did have worries towards the end of their pregnancy and they did indeed access more information to ease this anxiety, but different barriers prevented this access, especially the social stigma around teenage pregnancy and the lack of resources available. Furthermore, it was felt that their age and relaxed attitude in fact benefited their pregnancy overall.

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1. Introduction

1.1 Statement of purpose

This study is to investigate the Everyday Life Information Seeking (ELIS) of first-time pregnant teenagers (PT) from areas of deprivation during the final weeks of their pregnancy. Being a first-time-mum-to-be is a challenging time in any woman's life, but with the added demands of being a teenager from a deprived socioeconomic area, it undoubtedly makes for a period of extreme uncertainty. Furthermore, stress and anxiety levels during the final trimester of pregnancy increases, as found by Costa et al (1999) through various other studies (Pagel, Smilkstein and Regen, 1990; Thompson et al., 1997; and Kalil et al., 1993), particularly for young, single women that smoke, on social support, and have low education and income levels (Costa et al., 1999, p.610). It is assumed that the high level of anxiety during these final weeks of pregnancy is the result of the period before entering the unknown and not knowing how to cope with the life situation and the oncoming change in their familiar way of life. This uncertainty will be a central theme in this study with Kuhlthau's (1993) principle of 'Uncertainty' being a core theoretical model. As Kuhlthau's discovered, 'Uncertainty' found at the beginning of the search for information should reduce by the end of the search process, when understanding of the problem *is characterised by clear thoughts, confident feelings, and documentary analysis* (Kuhlthau, 1993, p.352). However, it will be interesting to see during this short research period if the teenagers feel more confident about their oncoming birth with increased information and if they actively seek answers to all of their queries.

With Scotland having the highest teenage pregnancy rates in Western Europe (bbc.co.uk, 26 June 2012), the need for research and understanding in Scotland, and worldwide, is more than prevalent. From reading a range of journal articles on teenage pregnancy and the impact of social deprivation, it becomes evident that teenage pregnancy is an age-old problem and one that is not likely to disappear anytime soon. Several papers (Johns, 2009; Harden et al., 2009; and Smith and Roberts, 2011) look at the cause and effect of a poor socioeconomic environment and the increase of teenage pregnancy. Harden et al. (2009) defines social disadvantage as:

> *…a range of social and economic difficulties an individual can face – such as unemployment, poverty, and discrimination – and is distributed unequally on the basis of sociodemographic characteristics such as ethnicity, socioeconomic position, education level, and place of residence*.
>
> (Harden et al., 2009, p.1)

Smith and Roberts' (2011) paper discusses the relationship between teenage pregnancy and inequality. This relationship is put down to three factors: *the parent-child relationship (namely openness, parental control and role-models); access to education and career; and acceptance of young pregnancy* (Smith and Roberts, 2011, p.1058). Whilst Johns (2009) looked at the impact of the area of residence had on the teenager at the time of conception. Background reading in all of these areas gives a richer understanding of the subjects of this study, which in turn will hopefully give more in-depth results.

1.2 Research objectives and research questions

The aim of this research is to understand the information needs PT's have and how their preference of sources, their judgements of relevant and reliable information and the barriers they face affect the teenagers meeting those needs. Due to the comparable similarities to Agosto and Hughes-Hassell's (2005) study on the ELIS of urban teenagers, this study will form as a foundation for this research. The aim of Agosto and Hughes-Hassell's research was to understand the ELIS of urban teenagers to shape services and resources for teenagers, in particular public library services. Their research questions were:

1. *What types of information do urban young adults seek in their everyday lives?*
2. *What information media do urban youth favour?*
3. *What people sources do urban young adults favour when seeking everyday life information?*

(Agosto and Hughes-Hassell, 2005, p.142)

Therefore, this research project will hopefully answer the following research questions:

1. What are the information needs of pregnant teenagers from deprived areas and how do these needs manifest?
2. What criteria influence the pregnant teenager's choice and preference of information source, format, and medium?
3. How are relevance and reliability judgements made by the pregnant teenagers with the information that they receive?
4. What challenges are experienced, and how are they responded to?

The research results of this study will provide recommendations that can help not only public libraries in their provision on information for PTs, but also hospitals,

health centres and teenage pregnancy organisations. By having a greater understanding of the types and sources of information that PTs from disadvantaged areas actively seek (or don't), a more informed, thus hopefully improved, service can be provided to a group in society that has a significantly high level need for information.

1.3 Literature review

The context surrounding this study of teenagers is of particular interest as no one has researched this specific area before. There are several studies on the Information Seeking Behaviour of teenagers in general; however the majority of the studies focus on teenagers who are in full time education or not from areas of deprivation or don't have the added burden of pregnancy (To name a few: Latrobe, K. and Havener, W.M., 1997; Julien, H.E., 1998, 1999; Bilal, D., 2000, 2001, 2003; Shenton and Dixon, 2003; Branch, J.L., 2000, 2003; Todd, R.J., 2003; Gray, N.J. et al., 2005; Valenza, J.K., 2006). To understand the rationale of this study it is imperative to understand why identifying the ELIS of PTs from deprived areas will enlighten and improve information services, rather than solely focusing on the ISB in relation to pregnancy related information seeking. Furthermore, a greater understanding of teenage pregnancy itself and the undercurrent factors of socioeconomic deprivation and the likelihood of information poverty; anxiety, stress and uncertainty; and probability of information avoidance will enhance and provide a solid background reading to this study. This analysis will not only further our understanding of these themes, but also provide the research with key topics to base the research methods on and a justification for the need of this study though gap analysis.

1.4 Research methodology

2-3 PTs will be invited in total to complete a diary for one week. This diary would be asking them to write down what questions they have on anything in their everyday life and where they went to get the answers (if any answer was sought). These diaries will be followed up with semi-structured interviews with each teenager and will last for approximately 30-40 minutes. These interviews will give a more focused analysis of the ELIS of the PTs and the questions asked during the interview will stem from the examination of each individual's completed diary. Ideally, as found in Agosto and Hughes-Hassell's (2005) study of urban teenagers, the interview will place the ELIS recorded in the diaries into context.

Ideally a group interview will also be conducted with the PTs to discuss further their information needs, however if this is not possible due to time constraints and due to difficult access to the PTs as a group, then these interview questions will be incorporated into the follow-up interview from the diaries. If any volunteer does not wish to complete a diary, a separate individual interview will be requested.

In parallel to these diaries being completed by the PTs, 4-5 individual semi-structured interviews will be conducted with some of the information gatekeepers for the teenagers, from the Greater Glasgow area. These interviews will last approximately 30 minutes and will hopefully obtain a comparable viewpoint of the PTs information needs, from individuals who work with them on a daily or regular basis.

Participants will be sought by making requests to teenage pregnancy organisations within the Greater Glasgow area. Participation with the diaries and interviews will be entirely voluntary and anonymous. Candidates will be invited to participate with the diaries and interviews via antenatal groups or one-to-one visits through the participating organisations. Leaflets and posters will also be distributed inviting volunteers with consent from the organisations. Information sheets will be provided with the diaries and interviews that explain what is involved, what is expected and how the research follows the *University's Code of Practice on Investigations Involving Human Beings*.

Due to the time constraints of this research project, it is felt that diaries for one week and semi-structured group or individual interviews with the PTs and semi-structured interviews with the teenager's information gatekeepers would produce the greatest return. However, if time were not an issue, the use of diaries with a greater number of PTs and additional information gatekeepers would hopefully produce more accurate and stimulating results for this study.

If the numbers of responses are low for the diaries and interviews, then the research will be conducted with as many responses as possible. The findings will be primarily qualitative data and for the scale this research project, as the quantitative data will prove more insightful due to the time constraints and the small sample of subjects for the study.

Data analysis will be performed using a similar technique as Agosto and Hughes-Hassell's (2005) study. Here they used Miles and Huberman's "iterative pattern

coding" (Miles and Huberman, 1994), where patterns of data are searched for and then *theoretical considerations* are linked to these patterns (Agosto and Hughes-Hassell, 2005, p.146), from which a coding scheme can be created for analysis. Agosto and Hughes-Hassell's method was to record the different media/sources, people sources and information types in a ranked table according to most frequently used. These tables were then discussed in various focus groups and re-ranked in accordance to their preferred sources for information and the importance of the various types of information searched. If the extent of this research study was larger similar tables would be produced for discussion in focus groups, however due to the time scale and volunteer procurement limitations it is felt that the focus required to be more on the information needs of the PTs and what influences the realisation of those needs are.

1.5 Learning Outcomes

To have a greater comprehension of what information needs PTs from disadvantaged backgrounds have during this particularly stressful period in their lives. In turn, to have experience of collecting, analysing and communicating raw data within a substantial, independent research project.

2. Literature Review

To understand the rationale of this study it is imperative to understand why identifying the ELIS of PTs from deprived areas will enlighten and improve information services. This chapter will analyse predominantly journal articles that provide us with theoretical models and qualitative research on Everyday Life Information Seeking (ELIS), Information Seeking Behaviour (ISB): Kuhlthau's (1993) and Wilson's (1999) theoretical model of Uncertainty; Chatman's (1996) concept of Information Poverty, and the interesting concept of Information Avoidance. Furthermore, a greater understanding of teenage pregnancy itself and the undercurrent factors of socioeconomic deprivation will offer the research with a solid background. This analysis will not only further our understanding of these themes, but also provide the research with key topics to base the research methods on and a justification for the need of this study though gap analysis.

2.1 Everyday Life Information Seeking (ELIS)

ELIS is an obvious concept to use within this study, rather than solely ISB. ISB would be more appropriate to use when looking at the Information seeking of professionals or students within their associated locations, or for a particular non-work subject, such as Julien's (1999) study of the ISB of adolescents' when making decision on their career. Pregnancy has become a part of the teenager's "Everyday Life" and therefore all pregnancy and non-pregnancy information needs tend to overlap; for example looking for career or housing information may be affected by the future addition to the family.

There are several seminal papers on ELIS that are key readings for this research. The first of which by Reijo Savolainen (1995) introduces to us the concept of ELIS and gives us a framework as an aid to put ELIS in the relation to the individual's sociocultural context. This framework consists of two main concepts: *Way of Life* or "*order of things*" and *Mastery of Life* or "*keeping things in order*". Savolainen explains that these concepts are based on the works of Pierre Bourdieu (1984) and his theory of habitus:

> *…habitus is a socially and culturally determined system of thinking, perception and evaluation, internalized by the individual. Habitus is a relatively stable system of dispositions by which individuals integrate their experiences and evaluate the importance of different choices.*
>
> (Savolainen, 1995, p.261-262).

In other words, the choices that an individual makes in life are influenced by what is natural or desirable (Savolainen, 1995, p.262) in relation to the individual's place in society. *Way of Life* or "*order of things*" refers to the choices and preferences an individual makes every day, whilst *Mastery of Life* or "*keeping things in order*" refers to how the individual cares for or manages the general order of their everyday life events. This Mastery is shaped by how the individual deals with everyday problems as they occur and how they go about seeking information to solve the problem. Savolainen breaks this concept into four ideal types:

1 *Optimistic-cognitive mastery of life: belief any problem can be solved with the right information.*
2 *Pessimistic-cognitive mastery of life: belief that the problem might not be resolvable, but still actively seeks an answer.*

3 *Defensive-affective mastery of life: though optimistic, situations where failure in problem-solving may occur are avoided. This may be due to previous experience.*

4 *Pessimistic-affective mastery of life: The individual has no faith in their abilities in problem solving and no desire to improve their situation.*

(Savolainen, 1995, pp.265-266)

It is predicted that these two final types of problem solving will become evident when analysing the data of PTs. A combination of their age, inexperience, suspected lack of interest and enthusiasm, their socioeconomic position and the expected level of anxiety will contribute to their state of acknowledgement of there being a problem to be solved, but the unwillingness or, more importantly, without the basic knowledge and tools to find the answer.

Savolainen (1995) goes on to say that these two main concepts, *Way of Life* and *Mastery of Life*, are not enough to understand the ELIS of an individual; the problem itself needs to be placed into context in relation to what sources are available and the seriousness of the problem. This theory was backed up by an empirical study of themed interviews with eleven middle-class teachers and eleven lower working-class industrial workers in Finland. The themes of the interviews focused on their jobs, hobbies etc. and what sources they used for their information seeking. Savolainen (1995) assumed that the distinction of classes would provide a clear divide in their approach to problem solving, but as seen in his findings, especially in relation to the four types of *Mastery of Life*, they were quite surprising. The findings showed that the majority of subjects, from both groups, predominantly fell into the pessimistic-cognitive category, whilst surprisingly no one fell into the pessimistic-affective

category, which will be kept in mind during the research for this project. Savolainen (1995) adequately states the faults with this research, in particular how the informants in the study had difficulty in recalling specific situations where information was needed or sought and that diaries would have given a more accurate picture of their ELIS. To produce very different results more extreme demographic aspects may have to be implemented, which would possibly devalue the research as you are not comparing like for like. However, doing the same research, but with different age groups, may throw up some very exciting results.

Pamela McKenzie (2002) provides an interesting study on the ELIS of nineteen Canadian women who are pregnant with twins for the first time. Here McKenzie aims to provide us with a model that includes incidental forms of information behaviour (McKenzie, 2002, p.19) and that is more holistic in its consideration of the variety of information behaviours individuals describe in their everyday lives (McKenzie, 2002, p.20). The model was developed from a qualitative study of the pregnant women who ranged from 19 to 40 years old. Two methods of data collections were conducted. Initial semi-structured interviews were useful but not adequate for the informants recalling information behaviour, therefore a variant of a diary was conducted, with the researcher calling the participant twice during the week after the initial interview. This was followed up with a follow-up interview to go over the week's results. This method would be very useful if the volunteers in this research project are reluctant to complete hand-written diaries, due to possible illiteracy.

The two-dimensional model that resulted from this research, as seen in Fig.1, consists of four modes of information practice and is divided into two phases: *Connecting* and *Interacting*:

1. *Active Seeking: where individuals actively seek out a known source, or search for a particular known-item or ask a pre-meditated question.*
2. *Active Scanning: which includes semi-directed browsing or scanning for information within possible source locations (for example doctor's offices or bookstores) and identifications of opportunities to ask questions or listen for possible relevant information (for example antenatal groups).*
3. *Non-directed monitoring: unexpected encounters with information.*
4. *By-proxy: Obtaining information via another source or gatekeeper.*

(McKenzie, 2002, p.25)

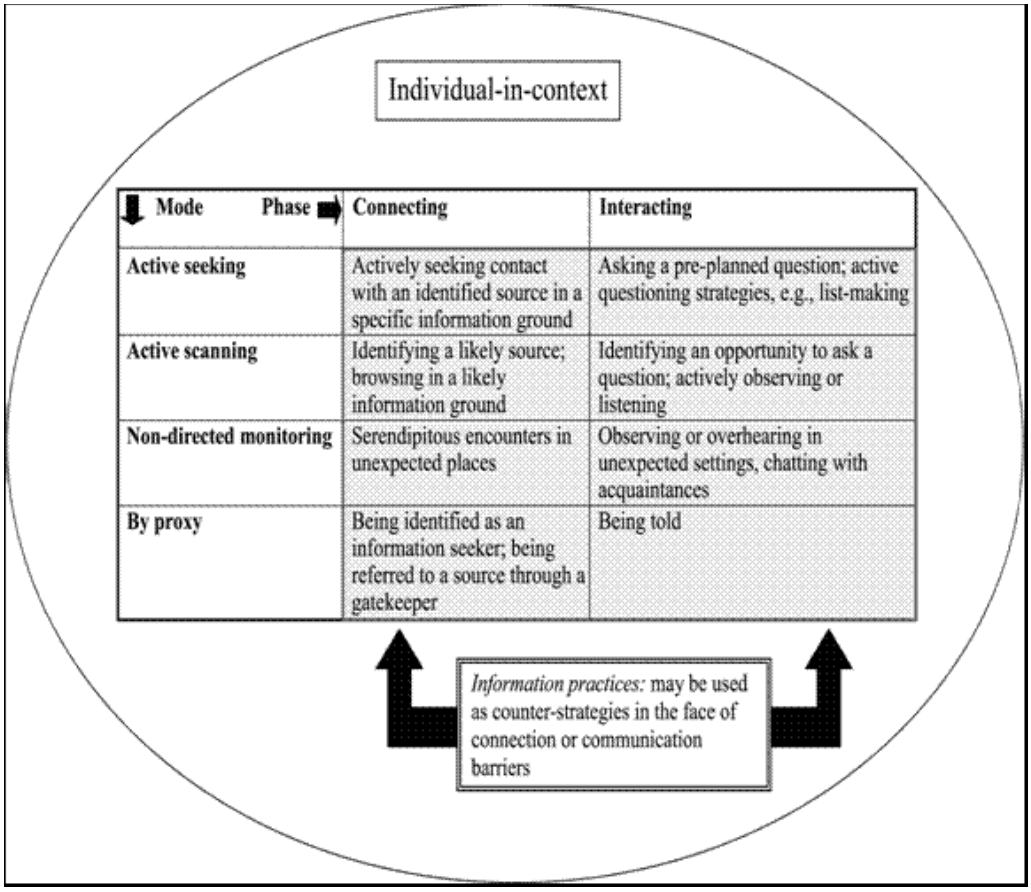

Figure 1: McKenzie's two-dimensional model of ELIS

These final two modes, *making connections through non-directed monitoring* and *making connections by-proxy*, will be kept in mind when analysing the data from the pregnant teenagers. It is anticipated that the teenagers will not actively seek information as much as the older, middle-class pregnant adults found in McKenzie's (2002) study as it is felt that McKenzie's model is more directed at individuals who are actively seeking information.

2.2 ELIS and Teenagers

The ELIS of teenagers is under-studied. The article by Agosto and Hughes-Hassell (2005) is one of the very few and is the most comparable to this study of PTs. Their research looked at the ELIS of urban teenagers with the aim of improving information provision in public libraries for teenagers and would also benefit *collection development, reference services, programming, and budget allotment practices* (Agosto and Hughes-Hassell, 2005, p.142). Agosto and Hughes-Hassell cited Savolainen (1995) as they agreed with regards to including school-related information seeking in the ELIS, as school is such an integral part of a teenager's life (Agosto and Hughes-Hassell, 2005, p.143). The study involved 27 urban young adults from Philadelphia, aged between 14-17 years old. Five different data collections methods were used to gain an in-depth understanding of the volunteer's behaviour and beliefs: surveys, written activity logs, audio journals, photographic tours and group interviews.

Analysis of the diaries gave rise to three main categories for the results: *places/sources of information, people consulted* and *types of questions*. Once the outcomes had been categorised, it showed a clear list of the most frequently used sources and type of information most frequently sought by the teenagers. What was most important, in relation to this particular study, was the low position of the library and the librarian within this list. As reiterated by many other studies, these findings are useless without placing them into context. Therefore, these three lists were given to the four focus groups of teenagers on large posters. They were then invited to discuss these lists and to place them into more *meaningful arrangements based on relative frequency of occurrence* (Agosto and Hughes-Hassell, 2005, p.148). Working typologies were created and then amalgamated to create a final, combined typology. The findings showed that people, in particular friends and family were the most favoured people source of information, telephones were the most favoured media of information and schoolwork was the most sought type of information. Moreover, Agosto and Hughes-Hassell (2005) state the importance of their findings in relations to other similar research in that *participants lived in urban communities, were predominantly from the lower socioeconomic stratum, and were predominantly African-American* (Agosto and Hughes-Hassell, 2005, p.160) compared to previous research that primarily dealt with *middle-class suburban and rural populations* (Agosto and Hughes-Hassell, 2005, p.160). The key finding, which will be valuable when comparing the study on PTs from disadvantaged areas, is that the categories found in the typology are similar to those of previous studies, which maybe suggests that *teenagers have similar information needs across socioeconomic, ethnic, and geographical boundaries* (Agosto and Hughes-Hassell, 2005, p.160). For this research project it is felt that ethnicity is not a variable that will be focused on,

nevertheless it maybe something to look out for and worthwhile for future studies. Agosto and Hughes-Hassell's study itself is relatively shallow and a wider enquiry into any difficulties the teenagers had in seeking and/or obtaining information would give an added element to this research, particularly in relation to the correspondence of socioeconomic deprivation and information poverty.

2.3 Information Poverty

The research work of Elfeda Chatman is essential reading for analysing the correlation of the PT's socioeconomic background and the possible lack of suitable information for the teenager to access. Chatman (1996) immersed herself into the study of the information world of several groups of disadvantaged people, which included: janitors, single mothers in a back to work scheme and a group of elderly women in sheltered housing. Her findings were categorised into four concepts that defined Chatman's *impoverished life-world*: *risk-taking, secrecy, deception* and *situational relevance*. Chatman's *impoverished life-world* was further elaborated by six propositions:

1. *People defined as information poor perceive themselves as devoid of any sources that might help them.*
2. *Information poverty is partially associated with class distinction – it is influenced by outsiders who withhold access to privileged information.*
3. *Information poverty is determined by self-protective behaviors used in response to social norms.*

4. *Both secrecy and deception are self-protecting mechanisms due to mistrust regarding the interest or ability of others to provide useful information.*
5. *A decision to risk exposure about our true problems is often not taken due to a perception that negative consequences outweigh benefits.*
6. *New knowledge will be selectively introduced, and this process is influenced by the relevance of that information to everyday problems and concerns.*

(Chatman, 1996, pp.197-198)

Furthermore, Chatman's framework divided the information world into *Insiders* (the information poor) and *Outsiders* (the information rich). Chatman defines *Insiders* as a group in society where experiences and environments are shared which in turn dictates social norms of behaviour and what they prefer to pay attention to. This insular community tend to reject information from the outside as it is not trusted and they also believe that *only insiders can fully understand the social and information worlds of other insiders* (Chatman, 1996, p.195). Whilst Outsiders are defined as members of society who are not a member of a 'group' and are therefore more open to different sources of information. However, it should be noted that neither *Insiders* nor *Outsiders* are necessarily 'information poor', just that their information needs and sources are different.

Chatman notes that trust is key factor for Insiders accessing information from the outside world:

…for people to benefit from information received from outsiders, there needs to be some aspect of trust associated with the source. Otherwise, why should we run the risk of telling others about our private life?

(Chatman, 1996, p.196)

Trust is anticipated to be an important necessity for the teenagers for receiving and accessing information and will be a key theme looked for when codifying the findings. It is also expected that the PTs are *Insiders* due to their circumstances and social background. However as the teenagers in this study voluntarily attend an antenatal group and are therefore actively seeking information from outside sources, the labels of *Insiders* and *Outsiders* cannot be adequately applied here. A further study of PTs who do not actively seek information by not attending an antenatal group etc., and therefore a much harder to reach social group, would be needed.

As Chatman (1996) assumed with the elderly women, you would believe that PTs would turn to each other for support and information exchanges due to their common interest. It will be interesting to see if that is the case, or, like the single mothers, the teenagers are suspicious of each other. Chatman's framework is relatively extreme and the likelihood of the PTs having no access to relevant information is very slim due to the numerous organisations that support PTs in the Glasgow area. The more realistic assumption is that teenagers are inactive information seekers by choice or that information is put upon them by uninvited sources such as parents, grandparents and friends. Moreover, there is the typical finding of resistance by teenagers to accept advice or information from elders.

2.4 Uncertainty

A significant aspect of this study is obtaining subjects that are in the final trimester, as for any pregnant woman having their first child it can be a time of uncertainty and stress; the fear of the unknown, and no matter how much information you receive on how the birth going to be, until you experience yourself, you simply don't know. This concept of uncertainty can be found in ISB in relation to having or not having information; without information to solve a problem an individual can suffer from lack of confidence and/or anxiety, but once information has been sought and the need has been met, confidence grows and stress is reduced. Carol Kuhlthau (1993) and Tom Wilson's (1999) papers on uncertainty provided excellent background reading on this topic for this research. It is envisaged that PTs in the final weeks of pregnancy, suffer tremendously from heightened anxiety and stress, due to their age and social situation. However, it could be the complete opposite; due to their age and attitude the possible stress and anxiety of what the future holds may not affect them as much as a middle-class woman in their 20s and 30s who have had access to information and has read up on all that could go wrong during the birth etc.

Kuhlthau's paper (1993) investigates the experience of users, within the levels or stages of the information search process, as they move from ambiguity to specificity, or shift from uncertainty to understanding (Kuhlthau, 1993, p.340). Kuhlthau's model of the *Information Search Process* consists of a linear series of phases that the individual may go through to when looking for information: *initiation, selection, exploration, formulation, collection* and *presentation* (Kuhlthau, 1993, p.342). Furthermore, this model includes three types of human experience: the affective (feelings), the cognitive (thoughts) and the physical (actions) (Kuhlthau, 1993,

p.342). Here Kuhlthau uses a constructivist perspective and believes that at the beginning of the process the individual is fraught with uncertainty and confusion (Kuhlthau, 1993, p.344), but as the process is completed this uncertainty and confusion diminishes as new knowledge has been obtained, thus solving the problem in hand. Kuhlthau states that this uncertainty is due to a *lack of understanding, a gap in meaning, or a limited construct initiates the process of information seeking* (Kuhlthau, 1993, p.347).

The aim of this paper is to provide the reader with a theory and therefore a deeper understanding of the information seeking as the user shifts from uncertainty to certainty. This theory is constructed from six corollaries:

1. *Process corollary: constructing meaning and uncertainty*
2. *Formulation corollary: forming a focussed perspective*
3. *Redundancy corollary: encountering the expected and the unexpected*
4. *Mood corollary: assuming a posture or attitude*
5. *Prediction corollary: making choices based on expectations*
6. *Interest corollary: increasing intellectual engagement*

(Kuhlthau, 1993, p.347)

Though it is felt that Kuhlthau's study is more aimed at formal information seeking, there are definitely elements that can be applied and kept in mind whilst studying the ELIS of PTs. Due to the limitations of time and access to PTs for this project it is felt that Kuhlthau's theory cannot be applied in adequate depth, however the general principle of diminishing uncertainty with the increase of information will be crucial to keep in mind when asking participants in the follow-up interviews: to ask questions that probe the participants more cognitive and emotional approach to the process of

information seeking. As Kuhlthau notes in her summary, in turn information providers should incorporate this more holistic and cognitive way of information seeking into their systems and services.

Wilson's paper on 'uncertainty' (1999) discusses the same process of going from uncertainty at the beginning of a problem to increased certainty as the individual moves towards finding a solution for the problem. Wilson identifies four stages during this process of problem solving: *problem identification, problem definition, problem resolution* and *solution statement* (Wilson, 1999, p.841). Wilson uses Schutz and Luckmann's (1974) definition that a problem is an experience that cannot be typified: something that has not been experienced before so the individual has nothing to compare it to and it therefore becomes a problem. This paper by Wilson is the preliminary findings of a much larger study and focuses on problem solving through multiple searches on-line. Like Kuhlthau's study (1993) it is felt that Wilson's research is aimed at greater understanding of formal information seeking (students from the Department of Information Studies at the University of Sheffield were used in his study). However, this core notion of uncertainty diminishing with the increase of knowledge is definitely worth considering in the context of ELIS.

2.5 Information Avoidance

Information avoidance, in its many forms, is another key concept that is anticipated to occur when studying the PTs. Sweeny et al. (2010) gives an excellent overview of

the research that has been conducted so far on Information Avoidance. As Sweeny et al. state at the beginning of the article:

> *As valuable and important as knowledge is, people do not always seek it and sometimes appear to take great pains to avoid it. There are countless situations in which people prefer ignorance over knowledge.*
>
> (Sweeny et al., 2010, p.340)

The overview summarises what information avoidance is, why people avoid information, when do people avoid information and finally who engages in information avoidance (Sweeny et al., 2010). There are several main points to keep in mind when conducting this research:

- Selective Exposure and Cognitive Dissonance: *to seek information that is consistent with [the individual's] beliefs, attitudes and decisions and to steer away from inconsistent information* (Sweeny et al, 2010, p.341).
- Information Avoidance coupled with uncertainty or ignorance of the importance of the information: remaining ignorant can have possible critical implications on the individual's health, relationships, careers, and wellbeing (Sweeny et al., 2010, p.341).
- Three reasons why people may avoid information: *(a) the information may demand a change in beliefs, (b) the information may demand undesired action, (c) the information itself or the decision to learn information may cause unpleasant emotions or diminish pleasant emotions* (Sweeny et al., 2010, p.342).
- The four moderators of information avoidance: *(a) control over of the consequences of information, (b) resources to cope with the information, (c) ease of obtaining or interpreting the information, and (d) expectations about the content of information* (Sweeny at al., 2010, p.345).

To what extent the PTs avoid information will be investigated through various methods, such as in the teenager's diaries and follow-up interviews, by asking them if they actively found an answer to any question and if not, why not. Furthermore, the information gatekeepers will be asked for their opinions on the PTs and information avoidance; however it is felt that this will merely scratch the surface of this topic and a more in-depth future study on the reasons for information avoidance would be needed to fully understand this very complex theme.

2.6 ISB of Teenagers

As stated previously there are very few ELIS studies on teenagers, however there are a number of studies on the ISB of teenagers. Shenton and Dixon (2003) have conducted several studies in the ISB of young people, one of which is a review of ISB models that have been developed with young people in mind (2003). This study then goes on to develop five new models to help analyse the ISB of youngsters in a school setting. These new models were created by sampling from relevant existing models and from a study of 121 pupils from six different schools in the Tyneside area of the UK. The ages ranged from 13-18 and the data was collated during individual interviews and 12 focus groups. It is felt that the majority of the models created are not suitable for this study being as they as based on the ISB of youths within a school environment. However elements of the fifth model pertaining to the *Information Seeking of adolescents via people* may be useful to refer to when conducting this study on PTs and may be useful when producing the coding for analysis.

Another article by Shenton and Dixon (2004) pays attention to studies conducted by other researchers on the information need of young children and teenagers. Parts of this article are very useful as a basis for researching teenagers and show the possible difficulties of studying ISB in general; such as Dervin's (1976) warning of not using the word 'Information' as the word can act as a barrier itself.

An interesting study by Heidi Julien (1999) looks at the barriers faced by teenagers whilst searching for information related to career decision making. The socioeconomic deprived PTs in this study will undoubtedly meet barriers, so this article will be of particular significance when analysing the findings. Julien (1999), with the help of the study on barriers of information by Harris and Dewdney (1994), identified these possible barriers: *(1) not knowing what information is needed; (2) not knowing where to find the information that you know is needed; (3) not knowing that certain sources for information exist; (4) the information required may simply not exist* (Julien, 1999, p.39). Julien goes on to list other barriers as identified by Harris and Dewdney (1994):

> *…lack of communication skills, lack of self-confidence or ability, discouragement by sources approached for information, delays encountered in information seeking, inaccurate or inappropriate information received, and information scatter (several sources are required due to the complexity of the problem)*
>
> (Julien, 1999, pp.39-40).

Dervin's (1983, 1992) sense-making theory of communication was also used by Julien as a basis to categorise these barriers that the teenagers face: *Societal, Institutional, Psychological, Physical* and *Intellectual* (Julien, 1999, p.40).

This study by Julien (1999) involved a written questionnaire to 399 Canadian male and female adolescents, aged between 15 to 19 years, asking them on their information seeking habits in regards to career decision making. Following the questionnaires, participants were invited to a follow-up interview. 15 female and 15 male volunteers took part in the semi-structured interviews. The data from both the questionnaires and interviews were categorised into Harris and Dewdney (1994) and Dervin's (1983, 1992) categories for barriers. The key findings found that trustworthiness of the information source was essential to the helpfulness and usefulness of the information received. Furthermore, it was found that female adolescents felt that they faced more internal and external barriers than male adolescents, whilst both felt that limited time to sufficiently look for the information was a big issue. Julien (1999) hopes that this research is useful for Information providers and their delivery of information to teenagers. The author used a ratio system to try and display her findings; however it is felt that a clearer and simpler table of the findings would have made the findings easier to read. Furthermore, a list of recommendations to information providers is lacking and would have concluded the article nicely.

2.7 Teenage Pregnancy

As expected there is an overabundance of information, articles, government and organisational texts on teenage pregnancy. A consultation paper by Laura Coltart (2007) (the Link Midwife for the Teenage Pregnancy Unit at the Princess Royal Maternity Hospital, NHS Greater Glasgow), highlights the experience of adolescent

parents-to-be and the relevant NHS staff in relation to the services that are provided by the NHS and their design, how preparation for parenthood is facilitated, adequate staff training and integrated working with partner agencies. For this study semi-structured interviews were carried out with fourteen young mothers aged between 13-19 years old and six young fathers aged between 13-20, who were recruited from two local community groups. Thirty-one NHS members of staff were recruited from five different postcode sectors and were asked to take part in a focus group. The most interesting findings were that there was a lack of age appropriate information for PTs and dad's-to-be and how NHS staff has general preconceptions of the teenagers, which in turn acted as a barrier for the teenagers when trying to access the information (Coltart, 2007, p.14). Furthermore, the teenagers stressed their preference for consistent one-on-one care, whether it is with a midwife or social worker etc. In Coltart's recommendations, *approachable non-judgemental staff* was suggested and antenatal sessions that are specifically aimed at and attended by teenage mums-to-be (Coltart, 2007, p.21). In Coltart's conclusion:

> *…in order to maximise the health and social outcomes for this valuable client group, maternity services should be tailored to need, flexible, sustainable and age appropriate. In addition, staff should have the skills and knowledge in issues relating to teenage pregnancy.*
>
> (Coltart, 2007, p.22).

This consultation paper is possibly too general and would have been more useful if it focused on just one of the topics that it covered, such as antenatal information given to the parents-to-be and left the staff elements (regarding their training and working with partner agencies) for a future consultation paper. This in turn would have produced more in-depth research and a useful series of consultation papers.

Another paper that looks at the health services for young parents during pregnancy and early parenthood (Ross et al., 2012) focuses more on the perspective of the young father-to-be (an area in ISB and ELIS that is also lacking in research). However, the findings were similar in that the teenagers felt marginalised due to their age and gender and that health staff generalised the attitudes and needs of the teenagers. Moreover, the fathers-to-be felt excluded, especially with the provision of information and support. It will be interesting to see if the teenagers feel that their age is a barrier in accessing or receiving information and will be investigated in the interviews with the PTs and their information gatekeepers.

2.8 Conclusion and gap analysis

This review of literature on ELIS, ISB and teenagers clearly shows a lack of any kind of study on the ELIS or ISB of PTs and furthermore, few studies were found on the ISB of pregnant women in general (McKenzie 2002a, 2002b, 2003b and 2004). One of the most recent papers (McKenzie, 2004), discusses the positioning theory between a midwife and pregnant woman: *a framework for analyzing the ways that everyday talk shapes the individual's experience of the information-seeking episode and contributes to the co-construction of information needs by the participants* (McKenzie, 2004, p.686). Positioning theory was created by Harre and van Langenhove (1999) and is *how individuals may position themselves, or others may position them, and positioning may be deliberate or it may be forced* (McKenzie, 2004, p.688). In this article the pregnant woman frequently *position* themselves during their antenatal visit with the midwife. The findings of this, which came from regular recorded visits between midwife and nine pregnant woman and recorded

follow-up interviews with both the midwife and client, gave insight into the social interactions between individuals in relation to ELIS. In amongst the “chatter” there are dynamic social interactions of information being needed, requested and passed on. This understanding of one component of ELIS is important, as it is expected that a lot of information is obtained and asked for by the teenagers whilst talking with their friends, family, midwives etc.

This literature review has analysed the central themes of this research project and has enabled key ideas to emerge, which will shape the methodology of this study. Interview questions, diary format and the initial working coding model for analysis will all be derived from these themes, however it is anticipated that new themes will emerge as the research fieldwork is conducted. Not only has this review brought to light the gap in research on the ELIS of PTs, but it has also highlighted the possible intricacy of the study with the introduction of concepts such as uncertainty, information poverty and information avoidance. This suggests that this preliminary study should give way to future, more in-depth, and very noteworthy research on this topic.

3. Research methodology

3.1 Introduction

The introduction and literature review have established that the aim of this exploratory research is to discover and provide a greater understanding of the information needs of PTs. This goal will be ascertained by answering the following four research questions:

1. What are the information needs of pregnant teenagers from deprived areas and how do these needs manifest?
2. What criteria influence the pregnant teenager's choice and preference of information source, format, and medium?
3. How are relevance and reliability judgements made by the pregnant teenagers with the information that they receive?
4. What challenges are experienced, and how are they responded to?

Through an inductive reasoning approach and qualitative research methods it is anticipated that gaps in information provision for these teenagers may appear. These gaps will in turn be addressed through recommendations for information providers, such as libraries, hospitals, health centres, community centres and charity organisations for young people, for delivering a bespoke and well-investigated information service for the teenagers. Therefore, to enable this research to be conducted to its highest potential it is imperative that a well-structured and contained methodology is set in place from the beginning. Furthermore a contingency plan needs to be in place to anticipate any problems that may arise when answering these research questions. These problems are predicted to be in particular relation to obtaining data from the PTs: how many volunteers will agree to take part in the group interviews? During the group interviews will any of the teenagers speak up? How many will agree to complete the diaries? Will barriers, such as illiteracy, prevent the teenagers from being able to complete the dairies? Will they be motivated

enough to complete the diaries? Will there therefore be enough data to present useful findings? These questions and additional questions that will undoubtedly arise during the field research will need to be answered to ensure a sound piece of research.

3.2 Data collection

Participants are obtained by request through teenage pregnancy organisations within the Greater Glasgow area. Participation with the group interviews, diaries and one-on-one interviews are entirely voluntary and anonymous. Candidates are invited to participate with the group interviews, diaries and individual interviews through visiting and introducing the research project at antenatal groups. Once volunteers are obtained it is stressed that they are under no obligation to participate and that they can discontinue at any point. Information sheets are provided with the diaries, group and individual interviews that explain what is involved, what is expected and how the research follows the University's Code of Practice on *Investigations Involving Human Beings*. Prior to the interviews, written consent is obtained from all participants and it is stressed that they can stop at any point and that they do not have to answer every question asked.

By using a combination of diaries with group and individual interviews it is believed, due to time constraints and minimal volunteer subjects obtained, that the results will be supported and verified in this study to the best possible standard. Furthermore, as this research requires different levels of information (viewpoints from the PTs and their information gatekeepers) and multiple theoretical perspectives (ELIS, ISB, Uncertainty, Information Poverty and Information Avoidance), this will therefore

guarantee that these different levels and perspectives will be analysed systematically and equally.

3.2.1 Group interviews with pregnant teenagers

One semi-structured group interview with 2-3 PTs aged between 12-19 years old from a charity youth organisation within the Greater Glasgow area will be conducted within the organisation's premises. The low number of participation of teenagers for this study is largely due to the majority of antenatal meetings for teenagers being held within NHS premises and NHS ethical approval was required to attend these meetings. Therefore, due to time constraints, NHS ethical approval was unobtainable and field research was therefore restricted to community centres that provided groups for young mums-to-be. One particular youth centre in an area of deprivation within the Greater Glasgow allowed access where only 2-3 teenagers attended the weekly antenatal sessions. The youth centre welcomes young people aged from 12-25, however for this study it is felt that anyone aged over 19 is a) no longer a teenager and is therefore out-with the social stigma of 'teenage pregnancy' and b) is assumed to be old enough and mature enough to cope with pregnancy. This interview will last 30-40 minutes and will investigate the PT's attitudes towards the information available and the sources that they use. As in Agosto and Hughes-Hassell's (2005) study on the ELIS of urban teenagers, semi-structured group interviews were successfully used to probe the teenagers on their views and preferences of information seeking.

Six key questions asked at the semi-structured group interview are deduced from the research questions and from the main themes highlighted in the literature review:

1. *Can you tell me about a problem or question that you have had recently regarding your pregnancy…. where you went to get the answer and if you were happy with your answer?*
2. *What kind of sources do you prefer for getting answers to your questions or problems… Internet, library, family, friends, midwife etc.?*
3. *What do you think about the leaflets and books that the midwife, doctor, and hospital hand out to you? Do you read them?*
4. *What kind of problems do you face when trying to find answers to a question you have?*
5. *Do you find getting information on your pregnancy helps with the stress and can you give me an example?*
6. *Do you talk to other young mums-to-be for advice and help and about what?*

These questions will hopefully induce discussion by the mothers-to-be and will generate further questions to ask the teenagers.

Group interviews are an invaluable technique of gaining information and opinions from multiple subjects at the same time. According to Lewis (1992), there are four main reasons for using group interviews: *consensus of beliefs; breadth and depth of responses; verification and enhanced reliability and validity of other research methods* (Lewis, 1992, p.414). Group interviews are used in this research for all of those reasons. It is felt that, compared to one-to-one interviews, group interviews would provide a greater range and depth of responses from the PTs, a higher chance of agreement of group norms and generalisations, and as the number of participants in this study will be low, the group interview will contribute to consolidating, verifying and validating the overall research findings. Group interviews are a key aspect to this study, giving a more human and natural response to the research questions.

Group interviews can produce invaluable data as long as the interviews are conducted with as much preparation and thought as an individual interview. According to Lewis (1992) group interviews can be more demanding to chair as group dynamics sometimes results in topics going off track and can be difficult to pull back to the intended focus (Lewis, 1992, p.419). Additionally, the role of the interviewer, the number of participants, the situation and the question structure can all influence the data received. The role of the interviewer in a group interview can be much less intrusive compared to a one-to-one interview, as the interviewer can become part of the group; however this may be difficult to do in a small group interview such as the one in this study, with only 2-3 participants. Lewis (1992) suggests ideal numbers for interviewing children:

> *Waterhouse (1983) advocated five as the optimum number for most group work while Barnes & Todd (1977), working 11- to 15-year-olds, recommended three or four as the ideal number. Barnes & Todd believed that if groups contained five or six children then the social organisation of the group was strained and attention was diverted from the main task*
>
> (Lewis, 1992, p.418).

Though not dealing with children in this study, by having only 2-3 participants in the group interview it is not deemed a problem. However, for future research it is recommended that more than one group interview, with a higher number of participants would produce vital additional data to supplement the findings and in turn support any generalisations produced.

The setting of the group interview can have a strong influence on the participants and in turn the results of the findings. A formal, pre-arranged setting out-with the subject's known surroundings would be suitable for a focus group, which requires the subjects to discuss their opinions on a product or idea with a more structured question format. However, for this study a more natural setting with a semi-

structured question format was required to produce a “truthful” understanding of the information needs of the pregnant adolescents. Therefore, having the group interview for this study at the youth centre, where the mums-to-be attend their weekly antenatal information sessions, the teenagers will hopefully feel more relaxed and open with their answers as it’s somewhere familiar and trustworthy.

For group interviews, like all research methods, there are benefits and drawbacks. The benefits include the supportive nature of the group, which will hopefully stimulate the conversation and encourage the participation of quieter individuals within the group. Furthermore, this stimulation will hopefully enhance recall of circumstances of information need from the PTs; as one group member speaks this allows thinking time for other members and may prompt memories of recent information need. Furthermore, being able to interview more than one subject at a time not only saves time but also allows the subjects to bounce ideas off each other and thereby permitting topics to be expanded on naturally. Using group interviews is more likely for the research to come closer to the “truth”, especially if using it alongside data collected from one-to-one interviews (Frey and Fontana, 1991, p.179); group consensus enables verification of data received from other research methods to therefore produce validated generalisations.

The problems with group interviews are primarily shaped from the dynamics of the group formed; when stronger members in the group can sway the opinions of quieter members or even drown quieter members out completely. This is where one-to-one interviews are more useful. Completion of a diary by the same participants of the group interview will enable the researcher to obtain equilibrium of findings. Also the

role of the interviewer, in terms of personal identity and bias towards the topics being discussed, can have a detrimental effect on the findings. Denscome (2003) discusses the problems of the interview's personal identity:

> *We bring to interviews certain personal attributes, which are 'givens' and which cannot be altered on a whim to suit the needs of the research interview. Our sex, our age, our ethnic origin, our accent, even our occupational status, all are aspects of our 'self', which, for practical purposes, cannot be changed*
>
> (Denscome, 2003, p.170).

Due to the small scale, limitations of time and participants in this study there is little that can be done about this. However, an effort to be *polite, punctual, receptive and neutral* (Denscome, 2003, p.170) can hopefully ease the participants to provide honest responses.

In conclusion group interviews *allow for flexibility in examining a range of topics with a variety of individuals* (Litosseliti, 2003, p.17). Additionally, the group dynamics enable the researcher to observe interactions between peers and a stronger understanding of their social structure.

3.2.2 Diaries and follow-up interviews

3-4 PTs will be invited in total to complete a diary for one week. The diary asks the PTs to write down what questions they have on anything in their everyday life and where they went to get the answers (if any answer was sought). These diaries are followed up with semi-structured interviews with each individual and will last for approximately 30-40 minutes. These interviews will give a more focused analysis of the ELIS of the PTs and the questions asked during the interview will be stemmed

from the examination of each individual's completed diaries. Hopefully, as found in Agosto and Hughes-Hassell's (2005) study of urban teenagers, the interview will place the ELIS recorded in the diaries into context.

Diaries are used for this study as they are felt to be the best method for capturing the ELIS behaviour of the PTs; diaries are ideal for recording daily events that are not likely to be remembered and need to be noted immediately, which in turn minimises *retrospection bias* (Alaszewski, 2006, p.113). Zimmerman (1977) also notes that this method of self-completion therefore makes the diarist both the observer and the informant at the same time; a surrogate observer that can record aspects of their daily life. As in Agosto and Hughes-Hassell's paper (2005), the use of diaries provided valuable data recording the questions that the urban teenagers had each day and where they went for the information. This successful application of diaries with teenagers proves that diaries are the right choice for the methodology of this study.

It is felt that diaries on their own will not provide sufficient data to support this research, especially with so few participants. Furthermore, due to the time constraints of this research project, it is felt that diaries for one week, along with semi-structured group and individual interviews would produce the greatest return. However, if time was not an issue, the use of diaries with a greater number of subjects would hopefully produce more accurate and stimulating results for this study.

Diaries can provide an incredibly *rich source of information respondents' behaviour and experiences on a daily basis* (Corti, 1993). However, diaries can only be affective if they are well structured and researched. Furthermore, Corti (1993) stresses the need to pilot the dairy to ensure optimum results. For this study the diary will be piloted with 2-3 volunteer subjects for 3-4 days beforehand. Corti (1993) goes on to advise on the format of the diary and what should be included. It is anticipated that the PTs from a deprived area in this study might suffer from illiteracy of some form so the format of the diary will be kept as simple as possible. The use of tick boxes, which will be pre-coded by themes taken from the literature review with minimal writing in the diary, will hopefully assist in overcoming this issue. There was a great deal of contemplation over the choice of a pre-formatted diary over a blank dairy, however it is anticipated that the simple pre-formatted diary will provide a higher result. Corti (1993) stresses the importance that the diaries are distributed and collected in person, with a placing interview at the start of the week to clearly explain how the diary should be completed. Furthermore, an instruction sheet at the beginning of the diary should explain this and stressing the importance of filling the diary in as the information-seeking event occurs. An example entry should also be included at the beginning. Each page of the dairy will be for an individual information seeking account. Clear examples of what an 'information seeking account' is will also be at the front, along with a simple checklist for the diarist to follow and hopefully jog their memory with what they need to be doing. Suitable terminology will be used throughout the diary to make it more user friendly for the teenagers. Finally, at the rear of the diary, the diarists will be asked to reflect on their responses: were their responses atypical of daily life and any comments, feelings and clarifications on their responses (Corti, 1993).

The follow-up interview will aim to expand on the diarist's attitudes, belief, knowledge and experience in relation to the context of their community and the individual's "*world view*" (Zimmerman, 1977, p.491). Furthermore, the interview will fill in any missing gaps and verify the validity of the diary entries. Zimmerman (1977) expounds on how the post-interview should be seen as part of the diary process:

> *We view the diary in conjunction with the diary-interview as an approximation to the method of participant observation. While actual observation is to be preferred as an ideal in every case, the diary: diary-based interview affords at least the possibility of gaining some degree of access to naturally occurring sequences of activity, as well as raising pertinent questions about their meaning and significance*
>
> (Zimmerman, 1977, p.485).

It is anticipated that the PTs will not complete many entries in the diary; consequently the post-interview will undoubtedly serve as a valuable source of data for this research.

Alaszewski (2006) states two main advantages of diaries over other data collection methods : (1) *they facilitate access to hard-to-reach or hard-to-observe phenomena* (such as groups of individuals who are *marginalised and socially excluded* who in turn distrust aspects of society) and (2) they help to overcome memory problems (Alaszewski, 2006, p.113). These are the two main reasons for using diaries in this study and it is felt that the diaries will produce the most accurate and faithful representation of the PTs ELIS. The limitations of diaries, according to Alaszewski (2006) are that they are expensive to produce and analyse in terms of time spent by the researcher on the diaries: a lot of time will be taken in producing the diary, distributing them with placing interviews to train the diarists how to use it, then collecting the diaries with a potentially lengthy post-interview and examining the

entries. This is coupled with the difficult task of analysing and coding the findings, however it is thought for this study that there will not be many responses to analyse, due to minimal procurement of participants because of time limits. Another drawback of diaries is the possibility of selection bias. This might be a particular problem in this study as diary keeping is thought to be a *demanding and skilled activity* (Alaszewski, 2006, p.114) and can only be completed by people of a certain level of education/literacy. Having spoken to several information gatekeepers within the Greater Glasgow area who work with PTs from deprived areas regularly, there was a great amount of scepticism that the teenagers would be willing or able due to illiteracy to fill in a diary for a week. However, Agosto and Hughes-Hassell's (2005) use of diaries with urban teenagers, who undoubtedly had varying levels of literacy as the participants came from the *lower socioeconomic stratum* (Agosto and Hughes-Hassell, 2005, p.160), shows that diaries can work. With the right words of encouragement and a small incentive of baby goodies, it is anticipated that the teenagers will be able to complete the diaries.

3.2.3 Individual interviews with gatekeepers

4-5 semi-structured one-to-one interviews will be conducted with information gatekeepers for the PTs in parallel to the diaries and interviews with the teenagers. Two of the interviews are with midwives who work with PTs in the Greater Glasgow area on a regular basis and chair weekly antenatal meetings for young mums-to-be. One is with a charity funded youth centre leader who also organises and chairs weekly antenatal meetings for PTs. Along with a joint interview with two ladies who work within a community family centre, which is co, funded by the NHS and the local

council and provide support for PTs (antenatal and postnatal) from the surrounding area.

These particular gatekeepers were selected as it was felt that they were some of the key people in the Greater Glasgow area who specifically worked with PTs on a regular basis. There were several other gatekeepers who would have been ideal for this study, but were unobtainable. These interviews will conclude the findings with a different perspective from the information gatekeepers and will be compared to the views of the PTs in relation to their information needs. It is felt that the gatekeepers' opinions would add richness to the data obtained from the PTs as due to time constraints and the small number of respondents it is predicted that there will not be enough data for this research.

Six key questions are put to the gatekeepers during the one-to-one interviews, which are also generated, from the research questions and the literature review:

1. *What kind of questions do the girls ask?*
2. *What sources do you think they prefer for accessing information?*
3. *What barriers or problems do you see for the girls in accessing information?*
4. *How do you think they deal with these barriers?*
5. *Do you think the girls avoid information and if so what do they avoid? Why do you think this is?*
6. *Do you find that the girls' needs change or do they ask more questions towards the end of their pregnancy?*

It is predicted that the findings, from these interviews with the gatekeepers, will be similar to Coltart's (2007) consultation paper. Here interviews were conducted with PTs and their partners, along with focus group interviews of NHS members of staff that work with the PTs, to assess the teenagers experience with the NHS whilst pregnant. The findings found that the NHS members of staff had several preconceptions and generalisations of the PTs' attitudes and the teenagers felt, among other things, there was not enough age related information for them. When interviewing the information gatekeepers it will be interesting to see if similar presumptions and generalisations appear about the pregnant adolescents and that the teenagers are still saying that they feel the right information is still not available.

Semi-structured interviews provide an ideal balance of structure and openness, thus producing data that is more natural and true. Gillham (2005) stresses the importance of preparation for semi-structured interviews, especially when conducting pilot studies. However, due to time constraints a suitable pilot study with suitable and similar participants will not be possible, but it is envisaged that as the interviews progress they will be adapted accordingly. As there are several theoretical perspectives being covered in this study, the use of semi-structured interviews will hopefully address all of them with the use of prompts and guiding questions.

According to Denscombe (2003) the benefits of using interviews as a research method are:

- Depth of information covered during the interview
- Insights can be gleaned from this depth of information
- The equipment needs are relatively simple: a pen, paper, tape recorder, two people and conversation skills

- The participants' priorities, opinions and ideas are the key data for this method
- Interviews are seen to be the most flexible method of research as they can be changed on the spot
- Also the validity of the interviewee's comments can be checked there and then
- Interviews can also be therapeutic for the volunteer; getting to talk to someone about what they think, to someone that they do not know and who won't be critical or judgemental

(Denscombe, 2003, pp.189-190)

Furthermore, the use of semi-structured interviews simplifies analysis by the amount of structure in the interview.

The disadvantages of individual interviews are:

- Group and individual interviews, like diaries, are costly in time: preparation and analysis are very time consuming, especially when transcribing the audio recordings
- As the data obtained is qualitative, the data has to be codified to enable generalisations of data
- Consistency and objectivity are hard to obtain due to the influence of the interviewer, the context of the interview and the results are therefore unique to that interview there and then
- As previously mentioned with the group interview, the influence of the interviewer on the results of the interview should not be underestimated
- Having a tape recorder can sometimes make participants feel self-conscious and therefore add to the artificial sense of the interview
- Bad interviewing can mean the volunteer can feel uncomfortable and the interview can feel more like an invasion of privacy rather than something enjoyable

(Denscombe, 2003, p.190)

These disadvantages will all be addressed to the best of the researcher's abilities. The amount of time that preparation and analysis takes has been factored into the overall schedule for the research. Furthermore, the researcher will endeavour to put the volunteers at ease during the interviews and will strive to keep questions and

probes as natural as possible to ensure truthful responses. Furthermore, the interviews will be conducted where and when the volunteers wish.

In conclusion, one-to-one interviews with the information gatekeepers will hopefully assemble a clearer understanding of what information they provide for the PTs, their accounts of what the teenagers ask and more interestingly, their personal opinions of the teenagers information needs.

3.3 General problems

If the numbers of responses are low for the diaries, interviews and focus groups, then the research will be conducted with as many responses as possible. The findings will be primarily qualitative data and for the scale of this research project, the quantitative data will prove more insightful due to the time constraints and the small sample of subjects for the study.

All participants will be given an information sheets explaining how their data will be stored, processed and then destroyed. All interview conversations will be recorded with a handheld digital recorder. Permission for the interviews to be recorded will always be obtained before the start of an interview, if consent is denied then hand notes will be taken. Again if they would rather no notes were taken then my memory will suffice.

As a final point, the decision of whether or not the mum-to-be comes from an area of deprivation will be decided by asking them in the group interviews and diaries what their postcode is. The postcode will then be compared against the *Scottish Index of*

Multiple Deprivation (SMID) (Scottish Government, 2012a). This allows you to entre postcodes and compares statistics of that area in terms of deprivation in the whole of Scotland. This will give a relatively justified reasoning for applying the label of "deprivation" to the teenagers.

3.4 Data analysis

For the group and individual interviews themes and generalisations will be ascertained through the use of Miles and Huberman's "iterative pattern coding" (Miles and Huberman, 1994). Here coded themes (first-level coding) are searched for or mapped onto the diaries and interviews and then organised into meaningful themed groups or sets. Through repeated readings of the interviews and diaries, patterns of behaviour or generalisations will hopefully emerge (second-level coding). As there are no previous studies on PT's information needs and therefore no existing typology of information needs, the first-level coding themes are based on anticipated common information needs of the PTs. This scheme will be used on the interviews and diaries looking at specifically the different types of information needs that the teenagers have and will undoubtedly grow as data analysis continues:

- **Mother's health:** will be used to code spans of text found within the interviews and diaries that indicate the different kind of questions or information that the teenagers look for regarding their health, including their pregnancy and general wellbeing.
- **Mother's emotional and mental wellbeing:** will be applied to portions of text that suggest questions pertaining to any emotional or metal issues that the girls may have.
- **Baby's health:** will be used to code sections of text that mention questions that the teenagers have about the baby's health in the womb and when it arrives.

- **Baby's development:** will be applied to questions that the teenagers have about the baby's growth and development.
- **Baby's mental and emotional wellbeing:** will be applied to questions that the teenagers have about the baby's growth and development.
- **Labour:** any mention of the teenager's questions on the actual birth
- **Financial welfare:** any mention of the teenager looking for information on benefits, tax credits, maternity allowance etc.
- **Family planning:** will be applied to questions regarding contraception etc.
- **Physical appearance**: maybe the girls will be concerned about their change in appearance as their bump grows and their body changes.
- **Relationship and family issues**: Any questions they have about their home lives that may affect the baby's future home environment.
- **Childcare:** any questions that the teenagers have on future childcare when they go back to school or work.
- **Friends/Social lives:** It is anticipated that their friends and family play a large part of their lives and may affect the mother-to-be's emotional wellbeing.

These codes will not only develop, but they will also be given a hierarchy in relation to the importance in answering the first research question. This hierarchy will be ascertained once all of the analysis has been completed and all patterns have been discovered.

Other themes relating to the remaining three research questions will be analysed throughout the interview data with the teenagers and the information gatekeepers:

- What criteria influence the pregnant teenager's choice and preference of information source, format, and medium?
- How are relevance and reliability judgements made by the pregnant teenagers with the information that they receive?
- What challenges are experienced, and how are they responded to?

Furthermore, correlations between the interview data, such as source preference, motivation, trust, confidence, barriers, and information avoidance etc. will enable further generalisations to be established. These generalisations will help to establish the influencing factors of the information seeking process and how and if the teenager's needs are being met.

3.5 Methodology conclusion

By using these methods of data collection it is estimated that the findings will be a snap shot representation of the information needs and seeking behaviour of PTs from deprived areas. Though there are limitations of this research, especially in terms of time constraints and minimum volunteer participation, it is felt that this research, through methodological rigor, will produce a piece of research that will highlight and justify the need for further research on this subject.

4. Findings

4.1 Data collection, processing and presentation

This chapter will present the findings from the qualitative field work conducted with two PTs from a youth centre in the Greater Glasgow area and five information gatekeepers who work with PTs in various positions in the Greater Glasgow area, two of which work with the two teenagers from the youth centre. The teenagers were asked to fill in a diary for one week and this was followed by a semi-structured interview which not only discussed the diary entries, but also asked follow-on and general questions regarding their information needs, barriers and source preferences, their opinions on printed material, peer support, and the impact of stress on their pregnancy. The teenagers will be coded in the findings as Girl A, Girl B and Girl C.

The data from the information gatekeepers was gathered though individual semi-structured interviews: one of which was a small group interview with two gatekeepers from a family centre, one from a youth centre and finally two midwives from separate areas within the Greater Glasgow area. The gatekeepers will be coded in the findings as follows:

- Family centre: Information gatekeeper 1 (IG1)
- Family centre: Information gatekeeper 2 (IG2)
- Youth centre: Information gatekeeper 3 (IG3)
- Midwife 1: Information gatekeeper 4 (IG4)
- Midwife 2: Information gatekeeper 5 (IG5)

These interviews investigated similar themes and topics as the teenager's diaries and follow-up interviews: their views and thoughts on the information needs, sources preferred, perceived barriers and the information available for the teenagers.

The findings were analysed with particular attention to the research questions:

1. *What are the information needs of pregnant teenagers from deprived areas and how do these needs manifest?*
2. *What criteria influence the pregnant teenager's choice and preference of information source, format, and medium?*
3. *How are relevance and reliability judgements made by the pregnant teenagers with the information that they receive?*
4. *What challenges are experienced, and how are they responded to?*

The goal of the data collection was to provide different perspectives to ensure a balanced and comprehensive approach to answering these research questions. The data of the teenager's information needs were processed using Miles and Huberman's "iterative pattern coding" (Miles and Huberman, 1994). Here coded themes (first-level coding) are mapped onto the diaries and interviews and then organised into meaningful themed groups or sets of different information needs. By establishing their information needs this will try to answer research question one. Research question 2, 3 and 4 will be answered through analysis of the interview data provided by the teenagers and the information gatekeepers. Correlations of themes between the two sources of interview data, such as source preference, motivation, trust, confidence, barriers, and information avoidance, will enable further generalisations to be established. These generalisations will help to establish the influencing factors of the information seeking process and how and if the teenager's needs are being met.

The findings will be presented first with the data from the PT's diary as this data will highlight with the different information needs that the teenagers have: a snapshot of daily questions they have and where they go to get answers. Then the data from the

follow-up interview with the teenagers will be presented, followed finally with the data from the interviews with the information gatekeepers. Both sets of interview data findings will be split up into the same categories: information needs, choice and preference of sources, relevance and reliability, barriers and challenges and additional themes found. The first four headings correspond with the four research questions and will also be used in the headings for chapter five (*5. Data analysis*) to facilitate connections between the different data collection methods and to ensure the research questions are answered successfully.

4.2 Data collection limitations

Originally group interviews were intended with the teenagers interview, however due to time constraints and an inappropriate venue (open public space within the community centre); individual interviews were conducted in a location and at a time suitable for the teenagers. Only three teenagers attended the weekly meetings at the youth centre limiting results. Accesses to other PTs at similar antenatal classes were not possible in the time available for this study. The NHS provides many of the antenatal classes and to be able to conduct research at these meetings, NHS ethical approval was required. Also some of the meetings and organisations, such as the family centre, only provided classes during school term time.

Only two out of the three teenagers returned their diaries and only one of which agreed to a follow-up interview. Also, there was insufficient time during the research period to allow a pilot study of the diary, which was due to external factors.

Following discussions with the gatekeepers it was anticipated that not all of the teenagers would complete the diaries this is another reason why more volunteers would have been ideal for this study. Therefore, overarching generalisations about the information needs of all PTs were not possible. However, this initial snapshot study enabled reoccurring key issues to be highlighted that confirms the warrant and need for further research on the ISB or ELIS of PTs.

4.3 Pregnant teenager's diaries

Both of the girls who returned their diaries were in their final trimester of pregnancy: Girl A was 30 weeks pregnant (no other information was obtainable) and Girl B was 35 weeks pregnant, 17 years old, lived at home, had access to the Internet at home, works five days a week in a fast food outlet. The postcode of Girl B was looked up on the Scottish Government's *Scottish Index of Multiple Deprivation* (Scottish Government, 2012a) and the area, in 2008, was 12% above the national average of income deprived and it is anticipated, given the recent economic climate, this percentage would be greater in 2012. This correlates with the initial aim of this study: does the teenager's information needs change towards the end of their pregnancy, if getting information in the final weeks eases any stress or anxiety they have about the oncoming birth and the girl comes from an area of significant deprivation.

In the diary they were asked to note down any questions they had on their pregnancy, benefits, money, shopping, their baby, health, entertainment and

anything else they had questions on. They then had to tick one or more boxes for the following questions:

- *Where you looked for the answer* (Internet, Book, Magazine, Newspaper, Leaflet/pamphlet, other printed material or other)
- *People that you asked* (Friend(s), Family, Teacher(s), Midwife, Social Worker, Youth Group employee, Librarian, Doctor/GP, Antenatal group leader, or other)
- *Are you happy with the answer that you found?* (Yes or No)
- *If not happy, do you think you will ask the question or find the answer at a later date?* (Yes or No)
- *Did you have any problems in finding, getting or accessing the answer?* (Yes or No)
- *If you have any problems, what were they?* (Couldn't find the information, Couldn't get an appointment with the midwife/GP/Doctor/Hospital, No Internet access, Library not open, Youth club not open, No phone signal, Parents were busy, or other)

The questions that they noted predominantly fall within the initial coding scheme, however one new category was found: *general parenting*. Furthermore, one of the young mums raised questions from the dad-to-be on labour. The information needs of young dads-to-be are another under-researched subject and should be considered for the future. It is also noteworthy that their partners did accompany the three girls every week, but did not contribute anything to the conversations, it was good to see them supporting their partners and showing an interest in the information given.

The predominate theme of information needs from the two girls were questions about *labour*:

Question	Source used	Happy with answer
Can I (the father) cut the baby's cord?	Book	Yes
Where do I (the father) figure in the birth plan?	Book	Yes
What pain relief will I use at birth?	Internet, Book, leaflet/pamphlet, friend(s), family and midwife	Yes
How many people can I take in with me at labour?	Book and midwife	Yes
What I need to take to the hospital at birth for the baby?	Book and family	Yes
What toiletries am I allowed to take in with me to hospital?	Internet, book, magazine and family	Yes
When in hospital am I allowed to wash my hair?	Book and family	Yes

Table 1: Diary questions - labour

All straight forward, normal questions for anyone having a baby.

These questions can be sub-divided into sections under *Labour* entitled *Hospital visit* and *Birth*, as very few of them are about the actual birth itself. Questions pertaining to the *mother's health* were the second most predominant theme:

Question	Source used	Happy with answer
What do Braxton Hicks feel like?	Internet and family	No
How can you tell the difference between Braxton Hicks contractions and real labour contractions?	Internet, book, friend and family	No
Is it normal for swollen feet due to pregnancy to hurt?	Friend, family and midwife	No

Table 2: Diary questions – Mother's health

Braxton Hicks (false contractions that is the tightening and relaxing of the uterus (Cow&Gate, 2012)) can be scary for first-time mums for determining what are real

labour contractions and what are not, so towards the end of pregnancy this is an information need that the teenagers need relevant and reliable information, but there seems to be a lack of adequate information on Braxton Hicks.

Physical appearance questions were the next most common:

Question	Source used	Happy with answer
Do stretch marks disappear after labour?	Friend(s) and family	Yes
What is the best treatment for stretch marks?	Internet, Friend(s), family and midwife	Yes

Table 3: Diary questions – Physical appearance

It is not surprising that both questions are about stretch marks as they can appear during the final weeks of pregnancy.

A new coding theme was generated for the next couple of questions, as it is felt they would come under *general parenting*:

Question	Source used	Happy with answer
What do I need for my baby within the first three months?	Internet, book, friend(s) and family	Yes
What to name my baby (ideas)	Internet and book	Yes

Table 4: Diary questions – General parenting

Baby's health, baby's development and *financial welfare* had one question each in the diaries:

Question	Source used	Happy with answer
Can the baby's bones/joints crack in the womb? (baby's health)	Internet and midwife	No
29 weeks – how much my baby is growing and how active she is at this moment in time in my pregnancy? (baby's development)	Internet and book	Yes
How to claim for income support? (financial welfare)	Book, friend(s), family and social worker.	Yes

Table 5: Diary questions – Baby's health, baby's development and financial welfare

All but two of the total 17 questions asked by the two teenagers were either answered, or the answer was sought for, by using multiple sources. Table 6 below shows the popularity of the different sources used by the two teenagers:

Source	Total number of times used
Family	12
Books	11
Internet	9
Friends	8
Midwife	5
Social worker	1
Leaflet/pamphlet	1
Magazine	1

Table 6: Popularity of sources in the teenager's diaries

Further questioning Girl B revealed multiple sources were predominantly used looking for a definitive answer. For example for question *What toiletries am I allowed to take in with me to hospital?* Girl B used four different sources: Internet, book, magazine and family. The reason for which was that she was unable to find the most relevant and reliable answer.

Only Girl B found difficulty in getting answers to three of her questions:

- *What do Braxton Hicks feel like?* – the answer was looked for on the Internet and a family member was consulted but she identified that she was not happy with the answer, that she would not look for the answer at a later date and stated that she did have a problem in getting the answer: *the information given about Braxton Hicks was not the information I was looking for*.

- *Can baby's bones/joints crack in the womb?*– the answer was looked for on the Internet but said that she was not happy with the answer, that she would look for the answer at a later date and that she did have a problem in getting the answer: Couldn't get an appointment with the midwife.

- *Is it normal for swollen feet due to pregnancy to hurt?* - the PT consulted friends and family but identified that she was not happy with the answer, that she would look for the answer at a later date and that she did have a problem

in getting the answer: couldn't get an appointment with the midwife and parents were busy. However the midwife was consulted at a later date.

These questions are not the simplest to answer, which explains possibly why she had difficulty finding answers. If she was able to ask the midwife straight away she wouldn't spend so much time looking for answers and worries would be dispelled sooner.

At the follow-up interview Girl B was questioned about her sources and asked what book(s) and Internet website(s) she consulted for her queries:

- **Book:** Bounty book (a voucher is given to all mums at the beginning of their pregnancy at their first scan by the midwife to collect their Bounty pack from Boots or Superdrug. The pack is provided by the parenting club Bounty and contains a lot of information for parents (Bounty, 2012))
- **Website(s)**: The primary website used was babycenter.co.uk, but another website was used the name of which could not be remember, she thought it was American.

Finally, only Girl B filled in the additional questions (questions (i), (ii) and (iii)) at the beginning of the dairy (see Appendix A):

1. **What do you think about the information available for young mum's-to-be?**
   I think the leaflets and books that are given are very handy but I think more online information could be given as most young people use their phones or laptops to get information and there isn't many local/trustworthy websites or online hubs for pregnant women or their partners to ask questions.

2. **Is there anything you can think could be done to make information easier for you and other young mums-to-be?**
   A website for local young mums-to-be to ask questions and be given answers or for other young mums to express their experience on other young mum's questions.

3. **When you have the answer to your question or problem, do you feel more confident or less stressed about your pregnancy and oncoming birth?**
   Yes, my Bounty books help put my mind at rest. Some website information given is not correct or different from others experiences.

Girl B was asked about her answer for question (iii), which relates to her query *What do Braxton Hicks feel like?* The teenager said that she looked up the answer on several websites, including babycenter.co.uk, and all of the answers were different so she was not happy with the answers given until reassured by the midwife.

These diaries are followed up with semi-structured interviews where the diary entries are addressed and further questions about their information needs, barriers, preferred sources, peer support and stress were asked.

4.4 Pregnant teenager's semi-structured interview

As previously mentioned, only one of the girls was willing to give a follow-up interview, which significantly restricted the results. For future studies this element of disinterest and lack of motivation with working with teenagers should be taken into consideration from the first instance. For this study it was considered and is the reason why additional information gatekeeper interviews were conducted. Furthermore, the interview with Girl B was remarkably brief as she could not recall many examples of information needs and had little to say on the questions given. As only one interview was conducted it is difficult to say if the questions asked were at fault.

4.4.1 Information needs

Again the data here was insufficient to make any remarkable analysis. When Girl B was asked if they had any recent problems or questions, she recalled asking the midwife about going to hospital when in labour and if the hospital would know that she wanted a water birth, this was answered by the midwife successfully. Again this is a perfectly logical and normal question for anyone having a baby for the first time.

4.4.2 Choice and preference of sources

The midwife was Girl B's favoured resource, though of course this was not always possible, as an appointment is needed. Girl B's second choice was the Internet and she suggests that her mother would have been her second preferred source if only her mother could remember more about when she had her three children. This implies that she prefers reliable people sources to the Internet.

Girl B was also asked her opinion of the leaflets/pamphlets and books that she has received from health professionals, all of which she has read. This is surprising and shows how quick assumptions over how much reading and information the girls take on, can be made and shouldn't be made.

4.4.3 Relevance and reliability

Both in the diary and in the interview Girl B stresses the problem she has with determining the most reliable source and finding the most relevant answer to her question:

> Girl B - *When I go onto the Internet you get different sites telling you different things about the same questions. So you don't know who to believe, 'cause you shouldn't believe the Internet but it's the first thing I do.*

This final line suggests cognitive dissonance: though the girl knows that the Internet can be unreliable, it is one of her favoured sources. This method of finding information was anticipated and will be interesting to see if the gatekeepers acknowledge this issue and provide the teenagers with a list of recommended and reliable Internet sources.

4.4.4 Barriers and challenges

No clear barriers were found when analysing the data from this interview. However, when Girl B was asked if information eases any worries she has about her pregnancy a couple of interesting points came up. When telling the midwife that her Braxton Hicks were sore, the midwife disdains her, which suggests the midwife did not acknowledging her pain, which might be because of Girl B's age. Secondly, Girl B talks about information easing the uncertainty that come with having a baby for the first time and having Braxton Hicks:

> Girl B – *…I think "is this labour?" so I start checking up on other signs of labour and then that kind of puts my mind to rest, I know it's just Braxton Hicks cause I don't have any other signs.*

Finally, Girl B mentions both in her diary and interview about the need for a local web site for young mums with a forum to chat about similar experiences. This idea stems from Girl B's lack of peer support. When asked if she talks to other young mums-to-be for advice or support, she replied stating that she doesn't really speak to anyone in the antenatal group and that none of her friends are pregnant. Isolation can be a

dangerous situation to be in and this theme will be looked for when analysing the gatekeeper's interviews.

4.5 Information gatekeeper's semi-structured interviews

4.5.1 Information needs

All of the gatekeepers mentioned several key themes of information needs, which were anticipated in the initial coding scheme:

- *Labour*: questions about what to expect during labour. Can I have my mum and boyfriend at the birth? How do I know if my waters have broken if I am in the bath?
- *Baby's health*: questions about baby's movement, is it ok to sleep with a cat in the house?
- *Baby's development*: weaning, what size is my baby this week in my pregnancy?
- *Mother's health*: feeling unwell during pregnancy and health eating
- *Physical appearance*: using hair dye whilst pregnant, dry skin
- *Relationships and family*: sexual abuse
- F*amily planning*: contraception.

Three of first level codes were not found in the information gatekeeper interviews:

- *Childcare*
- *Mother's emotional and mental wellbeing*
- *Baby's emotional and mental wellbeing*.

However, three new codes were discovered:

- Housing
- General parenting
- Safety (first aid and baby's safety in the home).

Having analysed the interviews with the information gatekeepers it became clear that the need for information on *financial welfare* for both the teenagers and the

information gatekeepers was prevalent. The youth centre and family centre stated that the girls come to them frequently for information on obtaining financial help from the government such as maternity allowance, child tax credits, working tax credits etc. The gatekeepers themselves had difficulty understanding the complicated system of benefit allowance, with two of the gatekeepers saying that they had a network of sources when faced with questions they were unsure of. They stated that the benefit system gets very complicated when young teenagers are still at home and they need money to feed their child, but the mother of the teenager is also claiming benefits as the teenager is under 16 years of age. For example, one of the gatekeepers stated at the end of the interview, that there is a severe lack of a single source for information on benefits for a PT that provides a clear and simple explanation of what is available for the girls and their families.

The gatekeepers brought up housing, which is interrelated to financial welfare, from the family centre and youth centre. For the older teenage mothers questions regarding acquiring their own home for their new family were dominant. Information for the young mothers-to-be and independence for the young mums-to-be was encouraged for those over 18 years old. The two midwives did not mention housing, which is to be expected as they are predominantly gatekeepers of information related to the mother's and baby's health.

Three of the information gatekeepers stressed the importance of giving information on family planning but also stated that the teenagers were keen to ask questions on contraception, being as they are having their first child so early it is important for the girls to understand how important contraception is.

The family centre encouraged their teenagers to plan their weekly antenatal programme which included: housing issues, benefits, weaning, sexual health, safety in the home, arts and crafts to reduce stress levels, first aid, cooking and sexual abuse. The family centre then presented these topics with external facilitators and open discussion. Although they were not explicit questions, the teenage girls asking the family centre to provide information on these topics, demonstrated a clear information need. The youth centre, which also provided antenatal classes, did not appear to ask the teenagers what topics they would like included and created their own timetable for consultation with the visiting midwife. However the youth centre does stress that they try to keep the sessions as informal as possible.

The gatekeepers from the youth centre also mentions that they also invite facilitators to meetings who regularly to give the teenagers information on specific topics:

> IG3- *…we have had the Health Improvement Team come in and do things, things to do with like smoking, unfortunately there's are quite a few girls who are pregnancy who continue to smoke throughout their pregnancy and it's something that we do try and tackle at the group…*

The topic of smoking comes under several of the coded themes: *mother's health*, *baby's health* and *baby's development*. Though the teenager's did not explicitly ask for information on this (in fact they were very reluctant, which will be further discussed in 4.5.4 *barriers and challenges*) the gatekeepers stress the importance of the girls receiving information on smoking whilst pregnant. This in turn suggests that there are two categories of need 1) information needs of the teenagers and 2) information needs of the teenagers as seen by the gatekeepers.

4.5.2 Choice and preference of sources

The gatekeepers were asked what sources the teenagers preferred to receive their information. One of the midwifes mentioned several times that the teenager's use of mobile phones to contact her as a preferred method for asking her questions by calling or texting, whilst the family centre's information gatekeepers stressed the teenagers obsessive tendencies of using their phones. The two gatekeepers from the family centre go on to describe their worries they have about the teenager's constant use of social media, and they go on and joke that maybe if the gatekeepers put all of their information onto Facebook maybe the girls would actually read it. By answering the question regarding sources with different mediums such as televisions or mobile phone, suggests some confusion with the question and should maybe be reworded for future studies.

All of the gatekeepers spoke of the support that the girls receive in the group settings and that they like to receive the information in the group, but also like one-to-one. The family centre went into detail how they cater for teenager's preference for one-to-one help, by providing suitable workers who are happy to hang back at the end of the day to chat one-to-one with the girls, confidentially. This aspect of confidentiality and trust is vital for the teenagers to want to go to these facilities and will be revisited in section *4.5.3 Relevance and reliability*.

All of the gatekeepers mentioned the teenager's lack of motivation for reading leaflets, books etc. as sources of information:

> IG2- *My argument is that pieces of paper, envelopes and pamphlets, I just don't think that any of them will ever go along and pick it up, so there has to be, how, which way can we get that information, so I would be or you would*

be better spending your effort and time getting them along to a support group than putting a bundle of information together.

and

IG3- *Personal experience, giving out leaflets isn't really that successful, a lot of the time you'll give them something and 'did you read that at home?' and reply 'no' or they'll blatantly say that they put it in the bin…*

The gatekeepers are suggesting that verbal information has more impact on the girls, rather than just giving them a leaflet. Though if everything is spoken there are implications for memory retention, therefore showing that information should be given both verbally and written. The data from the teenager's diaries proves that printed materials are used and are a favoured reference.

Three of the gatekeepers spoke of multimedia as a preferred format of delivering the information, such as DVDs, Internet and television. One of the midwives spoke of the teenagers using the TV as a regular source of information, but rather than dismissing the teenagers' preferences the midwife uses a popular TV programme as a teaching tool. This enables the teenagers to learn from a source that they can relate to and is relevant and reliable.

Family, as mentioned by all of the gatekeepers, were a regular and favoured source for the girls though sometimes not the most preferred by the gatekeepers, as the girls can be too dependent on them. This relates to the teenagers having to grow-up quickly and the gatekeepers, especially at the family centre, encourage the girls to strive for greater independence and a higher level of self-motivation. Furthermore, when sitting in on the antenatal group at the youth centre, the midwife regularly reinforced that the information that the girls received from their mother or grandmother would most likely be out-of-date and therefore unreliable.

All of the gatekeepers confirmed that the teenagers turn to each other for support and information and will be discussed further in the following section 4.5.3 *relevance and reliability*.

4.5.3 Relevance and reliability

All of the information gatekeepers spoke of the importance of trust for the PTs to engage and to take on information:

> IG1- *If you find a young person who trusts you then they will come back and they will seek the help and the advice that they need.*

Continuity of care, friendly and approachable staff and confidentiality were the key ways that the gatekeepers felt trust, respect and confidence were established with the teenagers. This appeared to be at the heart of their relationship with the girls and the only way information could get through.

For the teenagers to determine what information is relevant to them it was interesting to hear what one of the midwives said:

> IG4- *…they don't always forward plan, so sometimes they will only read about things if they've maybe heard about it from somewhere else or if it has happened to them, whereas I think sometimes older women, who maybe a bit more exposed to information are more likely to have a broader picture, so in my experience teenagers kind of just deal with here and now. 'If that's my blood pressure today, than that's fine' or 'if you've found that in my urine then I might go and then found out more about it', so it's probably not just.. so it's just that they are quite insular in their thinking…*

This will be further discussed when looking at the *Barriers and challenges* (4.5.4), but this insular thinking appears to have an influence on what the teenager's determine what information is relevant.

One of the midwives talks about the teenager's use of the Internet and their family as an unreliable source, but they then like to confirm their information with the midwife (a reliable source). The midwife goes on to say that any age of woman can use unreliable sources, which suggest this should not be generalised across all teenagers.

Both midwives spoke of suitable websites and educational DVDs that they provide for the teenagers, but when the youth centre and family centre were asked after the interview what websites were recommended to the young mums, no information was obtainable. Except the family centre who said that they recommend some websites about money matters, but no list was given. This suggests a lack of relevant and reliable of online sources being given to the teenagers. This could cause difficulties along the way when the gatekeepers are trying to give them information, when the girls may have read conflicting information online.

4.5.4 Barriers and challenges

Illiteracy, motivation and age were the three main barriers that were mentioned by all of the gatekeepers. For the first three interviews with the gatekeepers none of these terms were used as a prompt during the interview by the researcher, however when asked about the teenager's barriers, the results were interpreted and grouped into these types of barriers and were used as a prompt in the final two interviews.

With regards to illiteracy some of the gatekeepers said they were good at picking up on it when they meet the PTs, whilst others had difficulties. However all of the

gatekeepers said that the girl's level of education and literacy had a significant impact on their ability to access information:

> IG5- *…they maybe haven't had as much schooling as other people, then yeah, they get a bit nervous after reading things, also they've probably come from backgrounds where they haven't or their parents haven't accessed information…*

This shows serious problems the girls can have due to their socioeconomic background and the vicious circle that the gatekeepers, especially at the family centre, are trying to get the teenagers out of; giving the girls and their unborn child a better future with support.

Helping the teenagers with the barrier of illiteracy was a key concern for the gatekeepers, as it could have implications on the safety and care of their baby:

> IG4- *I think that just sometimes let the barrier come down allowing support, understanding that it's quite a common thing, we don't want…we kind of don't want it to be a barrier to the way they can parent their child so probably explaining in a way that makes sense, around reading prescriptions in the future, you know if the baby gets a jag or if they get any medications themselves, so bringing it into to understanding why it matters in a pregnancy point of view and how we can assist with that.*

According to all of the gatekeepers the age of the girls sometimes act as a barrier for them:

> IG3- *…a lot of the girls that have come when they fall pregnant, that are in this kind of position where they have to think about things that they probably never thought they would have to think about before, so things like, standing on their own feet, talking about finances, and housing and the thought of responsibility and of being a parent and things like that and yeah a lot of them kind of think, kind of drag their feet a little bit with it and I think it is quite like an age thing*

and

> IG4- *I think sometimes there is a barrier, it can be their age and their stage of development and sometimes the barriers can be, they actually don't know any better and they don't know that there are maybe questions that need to be asked. So that's a lack of, it's not necessarily a lack of intelligence, it's just a lack of insight probably and to…'but what do I need to know?' You know, so that can occur as well and that's a barrier that just happens to be there.*

From looking at all of the data so far, their age is a barrier that affects nearly everything related to their ISB. Though nothing can be done about their age, it shows that specialist care and tailored information provision is imperative.

Motivation was another primary barrier that all of the information gatekeepers mentioned, which is again primarily related to their age. Having to grow up quickly and accept responsibilities can cause a variety of emotion, one of which can be fear, which can manifest into information avoidance. This will be revisited in section 5.5.3 *Information avoidance*.

The family centre and the youth centre spoke of the problem of there being a lack of facilities for PTs and they both also expressed their wish that there were more places like their establishments. Other than the family centre, a charity run service in Renfrewshire and the antenatal classes at the Princess Royal Maternity Hospital in Glasgow, this youth centre is one of very few voluntary drop-in services, which is surprising given the obvious need and value of this type of facility.

The midwife and the youth worker who both provided the antenatal sessions at the youth centre spoke of the social stigma surrounding the teenagers and how it can act as a barrier for accessing information:

> IG3- …*not a lot of young teenagers were accessing the classes up there and a lot of that was really when we were getting feedback from the young girls was that when they were going to the classes they didn't feel very comfortable because a lot of them were older mums to be, they felt they were maybe getting judged or getting a certain kind of attitude towards them and the midwives thought, you know, we should really be supporting these young girls…*

This feeling of being *intimidated* suggests that the girls are a marginalised group in society and this stigma needs to be addressed on a larger scale. It has obvious effects on their ISB, but with a lack of facilities many PTs go without the support and information that they need.

Another barrier that was mentioned by one of the midwives was having the antenatal groups in a hospital setting. The other midwife talks of the barriers of medical professionals and that she deals with this by wearing her uniform to the antenatal classes in the youth centre so the girls get used to it. "People in uniforms" as a problem may stem from their background, where people in uniform, such as the police, are seen as threatening or untrustworthy. This can also be associated with Chatman's (1996) *Insiders* and *Outsiders* with the teenagers being the *Insiders* and the midwife in uniform being the *Outsider*.

A couple of the gatekeepers mention fear as being a barrier for the young mums-to-be:

> IG4- *There is still an element of being frightened, not the majority, that's very, very rare that somebody would say 'oh my mum doesn't know' or 'I am only phoning you, but you've not to tell anybody'.*

Not only fear of being pregnant at a young age, but labour in particular. For any first-time mum labour can be terrifying as it is the unknown and anxiety can set in after hearing horror stories from other women who have already gone through it.

The gatekeepers were asked if they thought that the girls avoided information, which resulted in a mixed outcome. The two gatekeepers from the family centre said that the girls don't avoid information once their confidence has grown; this is not surprising with such an established and well-run unit. After the interview the family centre was asked if their girls avoided information on smoking and they stated that the midwives dealt with that. This was quite surprising with such a successful team, as you would think they would be more successful than the midwives in tackling the more challenging topics, such as smoking.

The rest of the gatekeepers commented that they felt the girls avoided information, which was expected. Their comments demonstrated that barriers such as fear, age, maturity and simply just not knowing what information they needed to know can manifest itself into a form of information avoidance. One of the midwives gives some good examples of information avoidance, such as a girl who knew her baby wasn't moving but kept it to herself and another girl not telling anyone that her waters may have broken. Both these actions could have had serious consequences for the mother and baby, though not done on purpose or maliciously. As the midwife states, the teenagers seem to have had reasons for their actions, which were rational to the girls, but possibly irrational to anyone else.

Information avoidance is most evident when the topic of smoking during pregnancy is broached with the teenagers, the gatekeeper from the youth centre talks about the teenagers not wanting to listen:

> IG3 - …a lot of the time they'll come and they'll be quite hesitant even to take part in it or hear the information about it and it's not that they might not have the baby's best interest at heart it's just that kind of thing 'this is something for me' ' I'm being……I don't want to quit, like I enjoy it'…

Cognitive dissonance is evident here: they know that smoking is bad for them and the baby, but they are unwilling to listen to information that will try and change their beliefs and their pleasure in smoking.

4.5.5 Additional themes found

The teenager's attitude seemed to be quite a significant factor when they looked for information and one mentioned how the teenager's relaxed outlook dictated what information they searched for:

> IG4- *…at other times they'll go 'No, I'm fine, I'll just waiting until it all happens'. In actual fact, I quite like that attitude sometimes, I do like the fact that they do live, sometimes a little too much, in the here and now and they don't do an awful lot of preparation, but there is that element of 'well I will deal with that when it comes'.*

This suggests the positive aspect of the girls being so young; a more relaxed attitude can have a positive effect on the emotional and mental state of both the mother and baby. Furthermore, the gatekeepers expressed what good mothers the girls make, how well they cope with pregnancy, especially the birth, and Girl B said how excited she was about having a baby.

4.6 Findings conclusion

The first level of coding for the analysis of information needs has developed to include new types of needs:

- Mother's health
- Mother's emotional and mental wellbeing
- Baby's health
- Baby's development
- Baby's emotional and mental wellbeing
- Labour
    - Hospital visit (new)
    - Birth (new)
- Financial welfare
- Family planning
- Physical appearance
- Relationship and family issues
- Childcare
- Friends/social lives
- Housing (new)
- Safety (new)
- General parenting (new)

This typology can be used in future studies on PTs, to be expanded on and confirmed through a larger and more comprehensive study. Though several of these codes were not found in this study, such as *childcare* and *baby's mental and emotional wellbeing*, it is anticipated that in a larger study they would very likely appear as an information need and should not be entirely dismissed. As the scale of this study is very small it was very difficult to prioritise these needs, however providing information for the teenagers regarding *financial welfare* appeared to be something that was in demand and from the gatekeeper's perspective sometimes difficult to respond to.

5. Data Analysis

5.1 Introduction

As with the presentation of the findings the data analysis will be produced under the same headings to ensure that the four research questions will be answered: *information needs, choice and preference of sources, relevance and reliability* and *barriers and challenges*. First the typology of the teenager's information needs will be analysed in relation to the teenager's priorities of needs, the frequency that needs are mentioned, do their preference of sources correlate with their needs and finally how do the teenager's barriers affect their needs. Furthermore, theoretical models and qualitative research on ELIS and ISB as discussed in the literature review will be associated with the findings to establish if, for example, Kuhlthau's *uncertainty* model, Chatman's Information Poverty theory or Savolainen's four ideal types of problem solving are evident in the findings. Furthermore, the teenager's diaries and interviews will be compared to the information gatekeeper's interviews and common themes and generalisations will be sought to facilitate the development of recommendations and conclusions in the following section: *6. Reflections, recommendations and conclusions*.

5.2 Information needs

What are the information needs of pregnant teenagers from deprived areas and how do their needs manifest?

Analysis of the teenager's and information gatekeepers' information needs show that the majority of the questions brought up fell into the initial coding scheme (see below), with only three new codes and two sub-codes being created and only three being not used overall (see 4.6).

Typology 1: Revised coding scheme
• Mother's health
• Mother's emotional and mental wellbeing
• Baby's health
• Baby's development
• Baby's emotional and mental wellbeing
• Labour o Hospital visit (new) o Birth (new)
• Financial welfare
• Family planning
• Physical appearance
• Relationship and family issues
• Childcare
• Friends/social lives
• Housing (new)
• Safety (new)
• General parenting (new)

Table 7: Typology 1: Revised coding scheme

It is felt that both the teenager's priorities and frequency are interrelated at this late stage of their pregnancy. As you see from analysis of the frequency of their different types of questions in the teenager's diaries and interview, questions about their imminent labour are asked most:

Typology 2: Teenager's frequency and priority of information needs
1. Labour – Hospital visit (4)
1. Labour – Birth (4)
2. Mother's health (3)
3. Physical appearance (2)
3. General parenting (2)
4. Baby's Health (1)
4. Baby's development (1)
4. Financial welfare (1)

Table 8: Typology 2: Teenager's frequency and priority of information needs

N.B. Mother's emotional and mental wellbeing, Baby's emotional and mental wellbeing, Family planning, Relationship and family issues, Childcare, Friend's/social lives, Housing and Safety were not mentioned in the teenager's diaries and interview.

Whilst the teenagers predominantly asked questions in their diaries about their labour, the gatekeepers placed a heavy emphasis on the teenagers needing information on *mother's health*, *baby's health* and *financial welfare*. The gatekeepers also pointed out that some of the needs were requested by the teenagers, whilst other needs were determined by the gatekeepers, such as smoking whilst pregnant. The gatekeeper's priorities of the teenager's information needs were difficult to distinguish from their perceived priority of information needs as this was not asked explicitly in their interviews (for example *what information topics do you like or need to cover with the teenagers? Do they have a priority?*). However, by counting the *total* mentions of the different information needs in the gatekeeper's interviews we can first present a typology in relation to frequency:

Typology 3: Combined Gatekeeper and teenager's frequency of information needs (Frequency of occurrence in gatekeeper's interviews in brackets)
1. Baby's health (14)
1. Mother's health (14)
2. Financial wellbeing (13)
3. Labour (9)
4. Baby's development (7)
5. Baby's emotional and mental wellbeing (5)
6. Housing (4)
6. Relationship and family issues (4)
7. Physical appearance (3)
7. General parenting (3)
7. Mother's emotional and mental wellbeing (3)
7. Family planning (3)
8. Safety (3)
9. Friends/social lives (1)
10. Childcare (0)

Table 9: Typology 3: Combined gatekeeper and teenager's frequency of information needs

This typology 3 can then be rearranged according to the needs that the gatekeepers feel are essential for the teenagers to know and that the teenagers should be asking more about. The typology is organised from analysis of the gatekeeper's interviews again according to frequency of these needs being cited and any emphasis the gatekeepers put on these needs:

Typology 6: Gatekeeper's preference of information topics (Frequency of occurrence in brackets)
1. Baby's health (8)
2. Mother's health (6)
3. Baby's development (3)
4. Financial welfare (4)
5. Labour (2)
6. Family planning (2)
7. Baby's emotional and mental wellbeing (3)
8. Mother's emotional and mental wellbeing (3)
9. Housing (1)
10. Relationship and family issues (1)
11. Safety (1)

Table 10: Typology 6: Gatekeeper's preference of information topics

Unsurprisingly the Baby's health, Mother's health and Baby's development are at the top as these gatekeepers are working closely with the teenagers, two of which are midwives, and it is their job to ensure the safety of the mother and unborn child.

Typology 3 can then be reorganised in relation to the gatekeeper's recollection of the teenager's information needs:

Typology 4: Gatekeeper's recollection of teenager's information needs (Frequency of occurrence in brackets)
1. Labour (7)
2. Baby's health (6)
3. Physical appearance (5)
4. Financial welfare (3)
5. Mother's health (4)
6. Baby's development (2)
7. Family planning (2)
8. Housing (2)
9. Relationship and family issues (2)
10. Mother's emotional and mental wellbeing (3)
11. Safety (2)
12. General parenting (1)
13. Friends/social lives (1)
14. Baby's emotional and mental wellbeing (0)
15. Childcare (0)

Table 11: Typology 4: Gatekeeper's recollection of teenager's information needs

The gatekeeper's recollection of the teenager's information needs can now be combined with Typology 2 (Table 2) from the teenager's diaries to create a more definitive final list Typology 5 (Table 12) of the teenager's preferred and frequently sought information needs:

Typology 5: Teenager's information needs – final (Frequency of occurrence in brackets)
1. Labour (15)
2. Baby's health (7)
3. Physical appearance (7)
4. Mother's health (7) **new position**
5. Financial welfare (4) **new position**
6. Baby's development (3)
7. Family planning (2)
8. Housing (2)
9. Relationship and family issues (2)
10. Mother's emotional and mental wellbeing (3)
11. Safety (2)
12. General parenting (3)
13. Friends/social lives (1)
14. Baby's emotional and mental wellbeing (0)
15. Childcare (0)

Table 12: Typology 5: Teenager's information needs – final

Only *Mother's health* and *Financial welfare* swapped places as it was felt that with the higher number their health was an information need of greater concern to the teenagers. Again *Labour* is a prevalent topic for the teenagers, not only because they are maybe near their due date, but also because it is the unknown for these first time mums-to-be and it appears that these worries are manifesting into numerous questions, which can be applied Kuhlthau's theory of *uncertainty*; maybe the information is quelling these feelings of anxiety. The high position of *Physical appearance* is not surprising as it is teenagers we are studying, however it is anticipated that this would be relatively high with the same study conducted with any first-time-mum as their body changes.

In general it is felt that the PT's information needs are no different from any other pregnant woman. The increased need for information on *financial welfare* stems from their socioeconomic background rather than the fact they are teenagers who

are pregnant and it is anticipated that the results would be similar if a comparable study was conducted with pregnant women of any age, but from a similar socioeconomic background. Moreover, it would be interesting to see if a comparable study with pregnant women or teenagers from affluent areas produced similar results; however it is felt that the hierarchy of the typology of needs would be reversed with *financial welfare* at the bottom. These further studies would therefore affirm Agosto and Hughes-Hassell (2005) findings from their ELIS study of urban teenagers, as mentioned in the literature review, that *teenagers have similar information needs across socioeconomic, ethnic, and geographical boundaries* (Agosto and Hughes-Hassell, 2005, p.160).

This analysis has revealed that the teenager's needs change slightly depending on whose perspective it is based upon: the gatekeepers or the teenager's. Also the main points that need to be addressed are primarily the different barriers that the teenagers face and how they influence their information seeking behaviour, rather than the teenager's different information needs and will be focused on in section 5.5 *Barriers and challenges*.

5.3 Choice and preference of sources

What criteria influence the pregnant teenager's choice and preference of information source, format, and medium?

5.3.1 Choice of source

To further understand the teenager's information needs, their preferences of sources in this study have been mapped onto the initial typology. This will hopefully enable us to see if there is any significant correlation between information need and choice

of source, however due to the lack of data collected it is expected that few relationships will be found:

Information need typology	Preference of sources									
Sources	Midwife	Internet	Family	Friend(s)	Book	Leaflet/ Pamphlet	Youth worker	Social worker	Family centre	magazine
Mother's health	4	3	3	2	1					
Mother's emotional and mental wellbeing										
Baby's health	6	1								
Baby's development	3	1			1					
Baby's emotional and mental wellbeing	1									
Labour: Hospital visit	2	1	3		4					1
Labour: Birth	7	1	1	1	3	1				
Financial welfare	3		1	1	1		2	1	1	
Family planning									3	
Physical appearance	4	1	2	2						
Relationship and family issues							1		1	
Childcare										
Friends/social lives	1									
Housing							1		1	
Safety	1								2	
General parenting	1	2	1	1	2				1	

Table 13: Relationship of information need typology and preference of sources of teenagers

The most significant element of this table is that, reassuringly, the teenagers are predominantly using the most reliable and relevant source for their information needs. The highest figures on this table show the girls going to the midwife primarily for questions relating to their health, their babies health and labour. Whilst the youth worker, social worker and family centre are asked questions more related to their

general social circumstances, such as *Financial welfare*, *Family planning* and *Housing*.

The predominant use of more than one source appears to show that teenagers either liked confirmation of the information that they found or that the information was difficult to access or find. The interview with Girl B showed that when using the Internet, answers to problems were difficult to define as different websites (particularly American ones) showed conflicting answers. Furthermore, with Girl B showing an obvious preference for using various websites as a source of information it is imperative that information gatekeepers react to this preference and they recommend reliable and relevant websites. Not surprisingly the teenagers preferred to use their mobile phone, social networking and the Internet as a medium for accessing information, though not always the right information, which again brings up the issue of gatekeepers recommending reliable resources available through the teenager's preferred medium. This will be revisited in section *5.4 Relevance and reliability*.

5.3.2 Preference of source

The gatekeepers interviews also highlighted and analysis of the teenager's diaries showed that families were a primary source for information. This is not surprising as both of the teenagers that filled in the diary still live at home with their family. Due to the young mother's age and background it would be easy to assume that the majority of PTs would still be living at home. However, it would also be safe to

assume that most first time mums would consult their family, especially their own mothers, as a trusted and easily accessible source of information.

The gatekeepers also stressed the importance of peer support and information given in a group setting. However, this was not reiterated in the one-to-one interview with teenager Girl B who did not know anyone else her age that was pregnant and was not friends with the two other girls in the antenatal group held at the youth centre. This lack of peer support is possibly a dangerous place to be, especially after the baby has been born unless suitable post-natal groups are made available for young mums. As with the teenagers not wanting to attend antenatal classes with older mums, the same problem will arise with new mum and baby classes. This possible isolation could lead to post-natal depression: *forty per cent of teenage mothers have an episode of depression within one year of childbirth (Botting et al.,1998), and postnatal depression may be up to three times as common in teenage mothers as their older counterparts* (Swann et al., 2003).

All of the gatekeepers said that they didn't think the teenagers read any of the leaflets that they gave them. Although this maybe mainly true, surprisingly books come closely second in the preferred sources of the two teenager's diaries. One of the girls also commented in her diary that the leaflets are handy and that her Bounty book was a constant source of reassurance. Again a wider survey would facilitate a clearer analysis of this.

The interview with Girl B showed that her favoured source for information was the midwife, which was a problem for her, as the midwife was not always available.

However in the interview with one of the midwives (IG4) she regularly commented on the questions asked by the teenagers by text message. By allowing the teenagers in the Greater Glasgow (or even across the UK) to text the midwives with their questions it would ensure that they are receiving reliable professional answers to their questions.

In conclusion, it appeared that direct human contact was preferred by the teenagers, such as the midwife, antenatal groups, family and friends, as found in Agosto and Hughes-Hassell's (2005) study of source preferences of urban teenagers. With printed material coming surprisingly second and multi-media sources coming a close third. The criteria for the teenager's selection of sources appear to be related to how they determine the relevance and reliability of the source and this will be analysed in the following section (*5.4 Relevance and reliability*), which in turn is affected by the barriers and challenges that the teenagers face (*5.5 Barriers and challenges*).

5.4 Relevance and reliability

How are relevance and reliability judgements made by the pregnant teenagers?

Trust appears to be the key to how the teenagers make relevance and reliability judgements. All of the gatekeepers in this study stated how important trust is when getting teenagers to accept and take on information from external sources. This echoes Chatman's (1996) concept of *Insiders* and *Outsiders*; trust was essential for the *Insiders* to be able to accept information from *Outsiders*. Moreover, the teenager's background and social circumstances affects their trust in anything new

from out with their social norm and has to be assessed in terms of relevance and what affect this information will have on their beliefs and situation. Here information avoidance may possibly occur, which will be addressed further in the following section *5.5 Barriers and challenges*.

5.4.1 Information poverty

How the teenagers make relevance and reliability judgement with the information they need is also related to some of the comments in the information gatekeeper's interviews regarding the teenager's age. As the gatekeeper affirmed, these girls do not know any better; they simply don't know what information they need to know, not by choice but because of their inexperience and age, which is correlated to their level of education and socioeconomic background. Their insular view of their pregnancy can be linked to Chatman's concept of *Insider* and *Outsider* as they are within their own information world and are information poor because of it though not consciously.

Chatman's (1996) larger concept of Information Poverty is more difficult to map as the girls who participated in the study voluntarily attend the youth centre to access information at the antenatal classes. The youth centre's gatekeeper also commented that the girls have access to a wealth of information, even more than given to the older pregnant women who attend antenatal classes at the local health centre, but whether they use the information to its full potential is another matter. Furthermore, unlike in Chatman's study, according to the gatekeepers interviewed the majority of the teenagers take advantage of peer support, share their experiences and are not suspicious of each other.

5.4.2 Judgements of relevance and reliability

As seen in Table 8, it seems that the teenagers are generally good at determining the most relevant and reliable sources, but as previously mentioned the Internet can be a minefield for anyone, not just PTs, for determining relevant and reliable information. As seen in both in the diary and interview Girl B having a problem with determining the most reliable source online and finding the most relevant answer to her question. This can be partly solved by ensuring information providers for the teenagers initially give them a list of websites that are recommended by professionals and contain trusted information and can be accessed through their favoured mediums of mobile phones, laptops, tablets etc. This will in turn reduce the cognitive dissonance by making the Internet a reliable source.

Continuity of care was regularly brought up by the gatekeepers regarding how trust was gained between the information providers and the teenagers. As direct human contact was determined to be the favoured source in this study, it is therefore vital for the human sources to establish direct trust and respect with the teenagers and this is established by having the same familiar face(s) giving the antenatal classes week after week. This familiarity will hopefully bring down barriers and let the teenagers relax and find the confidence to allow new information in.

In conclusion it is clear that trust is the core factor that determines how the PTs fulfil their information needs, however barriers get in the way of establishing this trust and likewise what needs are fulfilled and their choice and preference of source.

5.5 Barriers and challenges

What challenges are experienced, and how are they responded to?

The barriers and challenges that the pregnant teenagers face, as they seek information during their pregnancy, is felt to be the core problem for them accessing reliable and relevant information consistently. Through analysis of the gatekeeper's interviews and data from the teenager's diaries and interview several different barriers are identified: age, motivation, illiteracy, socioeconomic background, social stigma, social norms, family relationships, lack of resources, education, fear, information avoidance, medical settings and medical professionals. These barriers will be examined through correlation of the literature review, the data in *4. Findings* and finally these barriers will be mapped onto the revised typology of information needs to see if any connections can be made.

5.5.1 The barriers

All of the barriers identified in the findings fall into Dervin's (1983 and 1992) categories of barriers:

- *Societal* – social stigma, lack of resources
- *Institutional* - medical settings, medical professionals
- *Psychological* – fear, information avoidance, motivation
- *Physical*
- *Intellectual* – education, illiteracy, age (concentration, confidence and attitude), information avoidance, motivation

It is felt that the teenager's age is the pivotal barrier that the majority of the other barriers (except lack of resources, socioeconomic background, family relationships and social norms) hang from. Their age can be related to their levels of concentration, confidence, maturity and education; their perception of medical

settings and professionals; their attitude towards the pregnancy itself; they simply don't know where to find the information and what information they need to know; their resistance to growing up and changing their beliefs; and the social stigma that comes with being a PT. How these barriers are dealt with, moreover being aware of these barriers is vital in ensuring the girls get a fair and relevant information service. The gatekeepers spoke of how they dealt with these barriers, such as illiteracy and confidence, but without staff that are sufficiently equipped to handle these challenges there will not be a level of suitable care.

The girl's socioeconomic background (where they live, levels of income etc.), social norms (a history of teenage pregnancies in the family, smoking etc) and family relationships (how their mother treated them, which will have a knock on affect as to how the teenager will treat their baby) all act as challenges which have a knock on affect as to how the teenagers accept new information and needs to be seriously addressed. Only when interviewing the family centre did they say that they try to tackle all of these problems.

5.5.2 Uncertainty

Kuhlthau's theoretical model of *Uncertainty* (1993) as a core focus of this study was soon dismissed after talking to the different information gatekeepers; though *Uncertainty* materialised, other barriers other than stress or anxiety have emerged which appear to have a higher significance. Initially the aim was to discover if the teenagers suffered from heightened stress and anxiety during the final weeks of their pregnancy and if information eases these worries. However, the interviews with the gatekeepers and the data from the teenagers showed that every teenager reacts to

their pregnancy differently; some ask more questions at the beginning, some more at the end, but in general the teenagers are very relaxed about their pregnancy and take each day as it comes.

However there were some clear examples of Kuhlthau's *Uncertainty* model in both the gatekeeper's interviews and the data from the teenagers that show that the teenager's worries are eased with increased information. In Girl B's diary and interview she says that information comforts any worries she has. Whilst several of the gatekeepers stated that the teenagers are more likely to look for information towards the end of their pregnancy and that eases any worries that they have. Another interesting point is that the gatekeepers state that the majority of the teenagers don't attend the voluntary antenatal group until the second half of their pregnancy, which shows that the teenagers may have increased levels of anxiety towards the end of their pregnancy and they are actively seeking information to ease their concerns. This also suggests that there is a gap in information given to the girls at the beginning of their pregnancy, which one of the midwives pointed out in her interview and is being addressed.

5.5.3 Information avoidance

As anticipated information avoidance was prevalent with the PTs and was evident throughout the data collected. To what extent the teenagers avoided information varied and the reasoning depended mostly on their age, level of maturity, education and attitude towards change.

Harris and Dewdney's (1994) four possible barriers for getting information is more than evident in the data*: (1) not knowing what information is needed; (2) not knowing where to find the information that you know is needed; (3) not knowing that certain sources for information exist; (4) the information required may simply not exist* (Julien, 1999, p.39). This form of information avoidance can also be attributed to their age; simply their lack of life experience limits their knowledge of pregnancy in general.

Selective exposure and cognitive dissonance was apparent with information that the gatekeepers wanted the teenagers to know such as the harms of smoking and healthy eating during pregnancy. This avoidance of information did not mean that they did not care for their baby, but they were not willing to change their beliefs and their own personal pleasure. Sweeny et al. states that this information avoidance coupled with the uncertainty or ignorance of the importance of the information can have possible critical implications on the individual's health, relationships, careers, and wellbeing (Sweeny et al., 2010, p.341). This is reiterated by one of the midwives with her examples of teenagers not telling anyone that their waters have broken or that they haven't felt the baby move. This shows that the girls simply don't realise how important these events are, not intentionally, but simply because of their age, life experience, confidence and fear of the unknown.

Why the teenagers avoid information can therefore be attributed to the three reasons that Sweeney et al. (2010, p.342) give: *(a) the information may demand a change in beliefs, (b) the information may demand undesired action, (c) the information itself or the decision to learn information may cause unpleasant emotions or diminish*

pleasant emotions. This can also be attributed to Chatman's (1996) concept of *Information Poverty*; as an *Insider* they have beliefs and values that they don't want to change, as they don't trust external sources. Also their age, level of maturity and the unwillingness to come to terms with their pregnancy and therefore the need to grow up affects what information they are willing to accept.

5.5.4 Information seeking

As said in the literature review and reiterated in the information gatekeeper interviews a combination of age and life inexperience contribute to the teenager's ability to seek and find the information that they need; lack of awareness for what information is out there, where to find it and how to access it can be a key barrier for the teenagers.

The four modes of McKenzie's (2002, p.25) two-dimensional model have been applied to the findings and it is felt that the fourth mode and possibly the third mode were the predominant way the teenagers looked for their information:

3. *Non-directed monitoring: unexpected encounters with information.*
4. *By-proxy: Obtaining information via another source or gatekeeper.*

(McKenzie, 2002, p.25)

Actively seeking information was not something the teenagers did, unless something was wrong, so reactive rather than proactive. Whilst receiving information by proxy via the different gatekeepers or through the television was definitely favoured, which is probably related to their age and lack of motivation. It was also anticipated that the teenagers did not actively seek information as much as the older, middle-class

pregnant adults, as suggested when one of the midwives spoke of how little forward planning and reading the PTs do.

How the teenagers find their information in relation to their needs can be related to Savolainen's (1995) four ideal types of problem solving:

1 *Optimistic-cognitive mastery of life: belief any problem can be solved with the right information.*

2 *Pessimistic-cognitive mastery of life: belief that the problem might not be resolvable, but still actively seeks an answer.*

3 *Defensive-affective mastery of life: though optimistic, situations where failure in problem-solving may occur are avoided. This may be due to previous experience.*

4 *Pessimistic-affective mastery of life: The individual has no faith in their abilities in problem solving and no desire to improve their situation.*

(Savolainen, 1995, pp.265-266)

With the little data that was collected from the teenagers it was difficult to prove how evident these types of problem solving were and it was felt that the questions asked in the interviews and diary were not conclusive enough. However, the use of multiple sources within the teenager's diaries suggests that *Pessimistic-cognitive mastery of life* is evident as they repeatedly try to find the answer.

5.5.5 Barriers and typology of information needs.

As with the priority, frequency and choice of sources, barriers will also be mapped onto the revised typology of information needs. This relationship will give information providers the facility to pre-empt any anticipated problems the girls will have in accessing particular types of information. Through analysis of data, barriers and their association with different needs were ascertained, this was sometimes difficult to identify, so close associations were made where possible:

Barriers

Information Need Typology	Social stigma	Lack of resources	Medical settings	Medical professionals	Fear	Information avoidance	Age	Education	Illiteracy	Motivation	TOTAL
Mother's health	2	3	1	1	1	5	6	2	3	1	**25**
Mother's emotional and mental wellbeing	2	3	1	1			4	1	2	1	**15**
Baby's health	2	3	1	1	1	4	6	1	2	1	**22**
Baby's development	2	3	1	1			4	1	2	1	**15**
Baby's emotional and mental wellbeing	2	3	1	1			4	1	2	1	**15**
Labour	2	3	1	1	3	2	5	2	3	3	**25**
Financial welfare	2	9	1	1		1	5	1	2	2	**24**
Family planning	2	3	1	1			5	2	3	1	**18**
Physical appearance	2	3	1	1			4	1	2	1	**15**
Relationship and family issues	2	3	1	1			4	1	2	1	**15**
Childcare											**0**
Friends/social lives	2	3	1	1			4	1	2	1	**15**
Housing (new)	2	3	1	1		1	5	1	2	1	**17**
Safety (new)	2	3	1	1			4	1	2	1	**15**
General parenting (new)	2	3	1	1		1	5	1	3	1	**18**
TOTAL	**28**	**48**	**14**	**14**	**5**	**14**	**65**	**17**	**32**	**17**	

Table 14: Relationship of barriers and information needs

The totals from table 14 give: (a) a hierarchy of barriers that affect the teenagers in this study and (b) the order of information needs these barriers have the greatest effect on:

Hierarchy of barriers that affect the teenagers		
Rank	**Barrier**	**Total number of times barriers occur over all information needs**
1	Age	65
2	Lack of resources	48
3	Illiteracy	32
4	Social stigma	28
5	Education	17
5	Motivation	17
6	Education	14
6	Medical professionals	14
6	Medical settings	14
7	Fear	5

Table 15: Hierarchy of barriers that affect the teenagers

As previously mentioned, age was thought to be the key barrier that affects all information needs and this table shows that this is the case in this study. Fear surprisingly is at the bottom, but it is felt that if this table was discussed in a focus group of PTs it may move up the hierarchy. Lack of resources was expected to be near the top as it affects access to all information needs and was mentioned frequently.

Hierarchy of information needs that barriers affect		
Rank	**Information Needs**	**Total number of times barriers effect information needs**
1	Mother's health	25
1	Labour	25
2	Financial welfare	24
3	Baby's health	22
4	Family planning	18
4	General parenting	18
5	Housing	17
6	Physical appearance	15
6	Baby's development	15
6	Baby's emotional and mental wellbeing	15
6	Mother's emotional and mental wellbeing	15
6	Relationship and family issues	15
6	Friends/social lives	15
6	Safety	15
7	Childcare	0

Table 16: Hierarchy of information needs that barriers affect

Table 15 shows that the various barriers largely affect the four of the top five information needs of the teenagers in this study. This demonstrates that these barriers need to be confronted by the information providers to ensure vital information is getting to the teenagers.

5.6 Data analysis conclusion

The analysis of the findings have shown that when the priority and frequency of the teenager's information needs, their preference of sources and the different barriers, as found in the data, are mapped onto the revised coding scheme some interesting correlations are found and confirmed, the main one being that age is a common

denominator in nearly all aspects of the teenager's ISB. Furthermore many of the theories and research, as discussed in the literature review, are evident in the data though to varying degrees. A summary of the findings will be further discussed in *6.1 Conclusions*, with suggestions for information services in *6.2 Recommendations* and finally suggestions for future studies and how this study could be improved in *6.3 Reflections.*

6. Conclusions, Recommendations and reflections

6.1 Conclusions

The aim of this study was to investigate the ELIS of first-time PTs from areas of deprivation during the final weeks of their pregnancy. By exploring relevant research and theoretical models in the literature review, applying a rigorous methodology and a retrospective data analysis, some interesting themes have been uncovered such as information avoidance, isolation, trust, uncertainty, marginalisation, to name a few. The four research questions have also been answered in relation to this study. However, as this research failed to obtain sufficient participants to warrant the findings as conclusive, it is proposed that it be seen as an exploratory pilot study. Moreover, as this research topic has not been done before it clearly demands a wider, deeper and possibly longitudinal study to be conducted.

The information available for analysis was restricted due to the small number of participating PTs which resulted in the necessity to shift the focus of the study to the information gained from the gatekeeper's perspective, this has meant that the research outcomes have also changed. The primary move was from the study of ELIS to the ISB of the teenagers, which allowed the research to focus on their needs specifically related to their pregnancy, which for the size of this study was felt to be ideal. A larger study, with more teenagers participating and using diaries would be much more successful in establishing their ELIS behaviour. This in turn will give an enhanced picture of their information needs, their desired sources, their choices to gain clarity and enhance their ability to discover reliable consistent information and help them understand and cope with the barriers they face at a very significant time in their lives.

The data analysis found that the teenager's information needs appeared to be no different to any other pregnant woman, but the girl's socioeconomic situation changed the priorities of these needs and further studies should confirm this suggestion. Moreover, the priority of these information needs were changed according to whose perspectives these needs were being generated by, whether it was the teenagers or the gatekeepers: whilst the teenager's mind is focused on labour, the gatekeepers are focused on the mother's and baby's health. Their choice of source appeared to be strongly linked with relevance and reliability and surprisingly the teenagers were reassuringly good at using the right source for the right information need. However, this faltered slightly when it came to online sources, as the lack of suitable leadership in recommending safe reliable websites resulted in the teenagers making their own, sometimes alarming, judgements. Human contact seemed to be their favoured source and trust came up as the key theme that allowed the teenagers to fulfil their information needs.

Barriers such as their age, motivation, illiteracy, information avoidance, social stigma and lack of resources to name a few, were found to be the root problem for PTs meeting their information needs. These barriers mostly affected four of the top five information needs of the teenagers in this study: *mother's health, labour, financial welfare* and *baby's health*.

Though the girl's age was felt to be the central impact on their ISB, teenager pregnancy is not going to go away, which turns our attention to the social stigma that surrounds teenage pregnancy being the main obstacle for the girls. If this stigma did

not exist they would be able to access the same classes available for all pregnant women. However, from accounts provided by the gatekeepers some of these girls have serious social and personal problems that need specialist care. The lack of resources available to these vulnerable members of society is the core obstacle for these girls accessing relevant and reliable information consistently.

In conclusion it appeared that some of the teenagers did have worries towards the end of their pregnancy and they did access more information to ease their anxiety. However, surprisingly, the interviews with the gatekeepers and Girl B proved that many of the teenagers made great mothers, they were excited about the birth and it was felt that their age and relaxed attitude in fact benefited their pregnancy. This positive outlook on teenage pregnancy is not what you read in the press, which is a shame as this would help combat their social stigma and in turn ease their path to essential information.

6.2 Recommendations

Through analysis of the findings generalisations have been formed, which in turn can be translated into recommendations for information providers to the PTs. These recommendations are for the gatekeepers such as libraries, health centres, hospitals, youth organisations, charities and family centres who all provide essential information for the girls.

- Increased access to the midwife for all PTs for gaining information, either by allowing text messaging between the midwife and teenager or the use of social media for teenagers to ask midwives questions using their preferred

method of accessing information to ensure that the teenagers are accessing reliable and relevant information.

- Make sure that the staff who work closely with PTs have diverse backgrounds to ensure a more holistic level of care: they are vulnerable girls and may have numerous issues that need specialist attention.
- Adequate help and information should be made available for the young mothers after their baby has been born, with classes specifically for them to ensure that isolation does not occur and in turn postnatal depression does not manifest itself.
- A list of recommended and verified websites should be given to all young mums to ensure that relevant and reliable information can be accessed
- A clear and understandable website for sourcing information on the benefits and financial help that is available for these young mums, which would assist them and the information gatekeepers alike.
- More facilities like the youth centre and family centre providing antenatal and postnatal classes in Greater Glasgow. The ideal service being similar to the family centre in this study: staff with varied and extensive backgrounds; adequate 'homely' facilities; allowing the teenagers to determine the syllabus for the antenatal classes; and mixing mums-to-be with mums to allow peer support.

6.3 Reflections

Though the methods used in this research were felt to be the most appropriate form of obtaining the research data, the lack of volunteers, time restrictions and limitations of access to NHS facilities resulted in inadequate data collection. The questions asked in both sets of interviews with the teenager and the information gatekeepers were felt to be adequate, though it is felt with spending more time in the company of the young mums-to-be these questions could be refined and obviously adequate time allowed for a pilot study to be conducted. The use of diaries was undoubtedly the correct method for obtaining information on the girl's information needs regarding their pregnancy, however there seemed to be a miscommunication at the placing interview; the girls primarily wrote questions relating to their pregnancy, whilst the researcher asked for any questions they have during their day (ELIS). However, on reflection, due to the small size of this study, these ISB responses were ideal and a much larger study would facilitate an understanding of their ELIS. The format of the diaries is problematic in evaluating as only two volunteer teenagers completed them. It is debatable if questions (d) to (g) on the second page of the diary (see appendix 1) are relevant or should have been left and asked in the follow-up interview. Furthermore, having so few volunteers there is difficulty in comparing and evaluating methods i.e. pre-formatted diaries against blank diaries. However, the two teenagers who did fill in the diaries completed all of the sections and Girl B gave positive feedback on the format, saying that if the diary were a just blank page she wouldn't have known what to write. The evaluation would be possible if more volunteers were obtained with varying ages and levels of literacy.

It is also felt that a comparative study on the ELIS or ISB of older pregnant woman from the same areas of deprivation and also from affluent areas would benefit in establishing if the teenager's information needs are different. Furthermore, an additional study of the teenagers after the birth would also benefit the young mothers, as the stigma is still prevalent. A study of their information needs and more importantly where they go for support and to access the information would again aid the information gatekeepers in modifying their information provision.

Further study could be done by working with The *Family Nurse Partnership* (FNP). This is a new initiative (established in the United States over 30 years) from the NHS, which has been introduced in Tayside and Lothian, is now being rolled out across Greater Glasgow and the rest of Scotland by the end of 2013 (Scottish Government, 2012b). This programme is aimed at young, vulnerable, first time mums who are from areas of deprivation and aims to:

> *…improve maternal health, child health and development, and family economic self-sufficiency. It addresses elements of the three big key social policy areas - health inequalities, child poverty and early years*
> (Scottish Government, 2012b).

Moreover it provides home visits by trained nurses from early pregnancy right through until the child is two years old. It is therefore suggested that partnership with the FNP would provide an excellent source of volunteers for future research and would support a longitudinal study to ensure that any future research is completed comprehensively.

Appendices

Appendix A: Diary

(i) What do you think about the information available for young mum's-to-be?

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(ii) Is there anything you think could be done to make finding information easier for you and other young mums-to-be?

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(iii) When you have the answer to your question or problem, do you feel more confident or less stressed about your pregnancy and oncoming birth?

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Monday

(a) Question or problem

……
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……
……

(b) Where you looked for the answer (Please tick one or more)

□ Internet

□ Book

□ Magazine

□ Newspaper

□ Leaflet/pamphlet

□ other printed material

Other……
……

(c) People that you asked (Please tick one or more)

□ Friend(s)

□ Family

□ Teacher(s)

□ Midwife

□ Social worker

□ Youth group employee

□ Librarian

□ Doctor/GP

□ Antenatal group leader

□ Youth group employee

Other……
……

(d) Are you happy with the answer that you found? (Please tick)

□ Yes

□ No

(e) If not happy, do you think you will ask the question or find the answer at a later date? (Please tick)

□ Yes

□ No

(f) Did you have any problems in finding, getting or accessing the answer? (Please tick)

□ Yes

□ No

(g) If you did have problems, what were they? (Please tick one or more)

□ Couldn't find the information

□ Couldn't get an appointment with the midwife/GP/Doctor/hospital

□ No Internet access

□ Library not open

□ Youth club not open

□ No phone signal

□ Parents were busy

Other……
……
……
……

Appendix B: Transcript of interview with IG1 and IG2

L- Can you tell me a bit about yourselves, how long you have worked here and your relationship with the teenagers and what you do with them?

H- I have worked here for the past 7 years this Christmas time and the young parents came to our notice in this area because of a lack of a place for them to go because they were so very young. This young parents group has been running now for the past 5 years and it has been very very successful. It is all referral based here we get in here, they don't just walk off the street…all referral based from health visitors, education and social work….

A- and midwifes…

H- and midwives. Obviously we keep in communication with the link teenage pregnancy midwife who is usually based at Princess Royal. We have a very successful group and we meet weekly from 12:30pm to 2:30pm. The girls come along for their lunch, the children are put into crèche, and we have our lunch and every week we have different facilitators. These facilitators range from housing issues, benefits, weaning….

A- sexual health…

H- Sexual health…

A- Safety in the home….

H- Safety in the home, arts and crafts and this is to reduce their stress levels…

A- First aid…

H-First aid…

A- Cooking….

H- Cooking…. And our programme is based on what the young people ask for. My colleague and I don't just go off and make a programme up. We speak to them a few weeks before the session ends and we find out what they need. Our main concern is the needs of the children of the young people.

L- and you A? How long have you worked here?

A- I've worked here for about 10 years and I've a nursing background and I have been a midwife and a health visitor so I come with a lot of skills. I've done a lot of parenting classes and motivational training, cognitive behaviour therapy, postnatal depression, so it's all incorporated into all the bits and pieces that we learnt along the way.

L- What kind of questions do the girls ask? Are they quite forthcoming with their questions?

A- What's for lunch?!

H- They will also ask A, especially A, advice on contraception. What we have found within this young parents group is that it is a good couple of years before they have their second child and usually their child is planned.

A- It is interesting because there is a lot that you think should be happening and it doesn't happen. They are very good at getting their information or contraception that they need…. though I don't think they are very good sometimes at understanding it or they understand what is should be reviewed. I had one girl who was obviously unwell for a year when she had contraception put in and I advised her that she really needed to go and see family planning so that way it is about continuation of that service and the information. One of the big ones that we got out of it that was really powerful was sexual abuse. Found out there were an awful lot of instances of sexual abuse, we then incorporated a facilitator from Moira Anderson foundation and I think they found that really helpful and at that time I thought sometimes when things like that happen that's when they can grow and learn to trust you. You know that you are taking care to listen to them and they know that you care and of course other bits of information that you want to find out. Sometime you feel that you aren't getting through to them and that's about the learning and teaching. They look quite flippant. They come across very age appropriate behaviour [laugh]…"I don't like that"…"I don't like that"….

H- or sitting with mobile phones…"click, click, click". It's all about social skills as well.

A- Uhuh, so you are trying to tell them something, but their head in down clicking away at their phone. So there is a big issue of ethics of phone, mobile phone. Another thing that we find quite interesting at the moment is that it is all about the Facebook. I don't, it's quite, I don't know if I am outdated, but I find it quite a big area that some folk are sill not understanding, so we have to try and keep ourselves up to date with them or give them the….. We hear them talking around lunch and it kind of gets a bit scary with what's going on that Facebook. They seem to find an awful lot of information, but it's really information that you really don't want to hear [laugh]! Like pictures of people's children, maybe somebody was drunk, but obviously if it was someone related to our group we would deal with it.

L- Do you have some teenagers that you see throughout their pregnancy….

H- yes…

L- do you find that their needs change, do they ask more questions about their pregnancy towards the end?

H- We tend to have the mums in when they are 20 weeks pregnant. They could come in very quiet, no confidence, no self-esteem. I think throughout the 2nd part of their pregnancy they are able to gain information, they are able to gain support from other mums, and they all happen about a table, which is the hub of this establishment. The mum gains an awful lot more support from the other parents who have gone through and that is why we want to get them in as early as possible and by the time they are maybe 30 weeks pregnant they are able to ask an awful lot more questions. Especially to my colleague here about the actual birth itself.

A- You can see that they are anxious but it's a kind of fear. So instead of giving too much information…. there is always that argument of how much information…. I think it is understanding that giving information antenatal goes much further than giving it after. But I think there is a balance of how much you can give, because they are terrified of the labour, or maybe someone was being quite late in being diagnosed I was going to say. But at the end of the day things happen quickly, what have you go in for the baby? What support have you got? What's the relationship going on? So sometimes it's very hard to get that right. But what we have found is that if we get them in antenatal, they come back much easier and they come back with "this is my baby" and they are very proud and they feel like they have made some friends, so when they come in to show off their baby it's people they have met before, because they have come in antenatal, so we do find that the antenatal period is a big bonus…

H- very important…

A- if we can get them in and that's how it has been happening, we haven't had many that have come in after, we seem to be doing well there….

H- we know that the teenage link midwife and she keeps us up to date, so that the unborn baby will not have the health visitor to start with but they will be given a worker attached to the GP and that health visitor will contact us as workers, we are going to put in a referral in…baby not due for four months but we want mum in as soon as possible.

A- My argument is that pieces of paper, envelopes and pamphlets, I just don't think that any of them will ever go along and pick it up, so there has to be, how, which way can we get that information, so I would be or you would be better spending your effort and time getting them along to a support group than putting a bundle of information together.

L- Do you find the mums speak to each other or are they very….

H- They are quite reserved to begin with, but through time, no, they develop confidence and they are able to help each other out. For example the ones that have had their baby no longer need the crib, the crib goes to the mum whose baby is due in six weeks, they share, they share the information, they share the clothes….

A- I also find that ….. they do share information and they are good support, but what we find is that if it is not something that they want to discuss in a group, there are three workers, right, so what you will do is get two workers go through and one will stay behind to tidy up the kitchen and you'll find that they if want to talk to you and they will wait for you in the kitchen, so there is even that confidentiality, so it doesn't always have to be a group, and that happens a lot and that is why we have three workers. It's not uncommon to have two workers to be out because we have more private rooms where they can talk about something and it's not for talking in front of people. We can always take them aside and so that is why we have good build up and a good report.

L- You have said that you think that groups are better, do you think that they use the Internet at all for accessing information?

H- for their pregnancy?

L- yes

A- No they use it to look on Facebook! Maybe we can put it on Facebook, maybe we can put it on Facebook they would use it [laugh]. That's the point isn't it! Well we always tell when we come to evaluating things and that that we get, we can be aware of the ones that are not very good with reading and writing. Because if they are young, would you agree with me that a lot of them don't have a lot of qualifications? [Directed at colleague]

H-yes

A- Maybe a few, but the ones we are dealing with have very little qualifications, so we are wondering about their literacy skills, or if they are maybe quite good at reading, they certainly don't enjoy the writing.

L- I was interested in asking about the public library, do you think they use the library? Or, what do you think?

H – next session we know about the libraries and we encourage them to go to the libraries, but what we do find is better for them going as a group, so normally, weekly, we pay for their transport down here and transport home, but in the next programme there is three sessions, the library will come here for one session, the two other sessions the young parents and the children will be taken to the local library where we will do bounce and rhyme and we then as workers we will be able to watch the interaction between mother and child. And a way for them, this is fun it's not all about, some of our mums think it's all about reading a book, so we are going to introduce that to them so that they know the library is a happy place to go with their child.

A - We also do emotional literacy, and in Lanarkshire it's called Myself and Others and it's all about promoting health and wellbeing and good mental health for children. So we try and incorporate it into the parent programme so that they can maybe learn what is good and promote good mental health and wellbeing. So that is also important why we use the library. We look at books

that tell stories, such as the Ugly Duckling, you know you are not ugly and that is how I feel and then you turn into the lovely Swan. And Dr. Suess All the Places I Would go, do you know that one?

L – no I don't know that one…

A – All the Places I Would Go is lovely, really lovely and would be great for children. The one that I have the pictures are fantastic, it's all about imagination, what you are feeling, what you do when you are feeling like that and lets kind of keep going and things get better. It's lovely. So we have certain books, we have the books The World of Happiness…the only name I can remember is Andreas, I think that's the second name….do you know that one?

L- No I don't know that one

A- I'll maybe show you it before you leave if you are interested?

L- yes that would great.

A- So we are building up, and also the other thing we do is, not fairytales, what do you call them…?

L- Nursery rhymes?

A- No, you know we have jack and the beanstalk and that…..

L- fables?

A- yes, we use a website and it's about, if you read these stories there is always a moral to the story, right, so we encourage the parent to read that to their children. So that they can learn what it is the children will learn from it.

L- But regarding the information that they have about or questions about their pregnancy would they go to a library?

H – No, no absolutely not. They would come to us. Bearing in mind our programme is all about nurturing the mother and to learn how to nurture their child. A lot of the young people that we deal with have never been nurtured. And have no extended family so that is our role.

A- I had wondered, I quite like the idea of what you are doing Lorna, and we are learning from each other, and I was wondering if a DVD of a young mum saying "go along to a young mum group its fantastic, you will get all that information", rather than trying to say "here is a booklet all about labour…."
H- mmmh [agreement]

L- That's a good idea

A- You wonder about that….

H – and you will never get a young person just walking through the door. I think its, we make a conscious effort when we receive a referral in for 'Geanie Smith' we will always do a home visit in order that young person recognises us as workers….

A- Remember did I not have a DVD about young mothers going to a group?

H- Can't remember… But we make a conscious effort, we don't want a young person to walk through those doors and not know a soul. But what we do find is when we go to a young person when the referral has just come in, you can be guaranteed that young person will say that "my friend attends your group and I've heard it's great", so it's word of mouth by the other mums as well. And we find that we are actually moving four mums on to another programme within this establishment and we found it very difficult to move them on because they become so… attached. We are like their family, the only family they have. And that's great, when you have a young 14, 15 year old come in, four and a half months pregnant and we see her grow and develop and we her child born and she's making all the right decisions for this child and to see her moving on. And it might take 5 years, um, we can move young people on at age 20 depending on their maturity.

L- What kind of barriers or problems do you think they have in accessing information? Like their poverty…..

A- Literacy is one, two lack of motivation…I'm going to say…I just can't imaging a young mum sitting there and saying "Ahh lets go to the library and find out about labour", because sometimes if they are young, their mother was young, it's a kind of a bit of a vicious circle and this is the vicious circle that we are trying to break. Of getting the gap bigger between their pregnancies, so normally when we have a young mum in here, you will find that the young mum that they have got the granny and you've got the great granny, there's four generations, so I think it's an awful lot of that still. What we, I wouldn't call old fashioned, you just don't see it as often, now where Granny lives round the corner and mum just lives up that close, so I find that quite a lot with the young mums, do you?

H- mmm [agreement]

A- So I think a lot of their information is coming from family…this is the way I did it, this is the way I did it…

H- But what we do find is these young people that come through our doors want the best for their children and that's why they keep coming back because they get the advice, if we can't help them we will find someone that certainly can and bring them in, if we don't have the right information.

L- How do you think they deal with these barriers? Say their literacy, do they find other ways?

H- They can find other ways, but whether its because we have been doing this for years we can catch that straight away, we know. For example we were going out for lunch one day and one mum decided that she wasn't coming. The reason why she wasn't coming, she couldn't read the menu. So we made her come in late that day, transport down, come in late, everyone picked their menu. I was then able to say "fish, steak pies, or whatever". So she came along. But they are very keen to learn, "who am I", they write down different stages, they can't do it, but we overcome all of that, but these girls come and ask, "Where would I go to learn…?", well we would point them in the right direction.

L – Do you think the girls avoid information about their pregnancy?

H- No, I think once their confidence has built, no I think, I think they would ask us rather than go to a local health centre, they would ask us and once they know that they can confide in us then I think is it's an awful lot easier for them.

A- At the end of the day, between the whole of Lanarkshire and Glasgow there is one teenage pregnancy midwife. She doesn't cover everybody, she just covers folk that are vulnerable, so she is more inclined to see the under 16s, right, because 18s and that are adults in their own right. They don't need to be at school, they can live with their tenancy, so if they are fine then that's not a problem. But really they are the only people that are probably, in the first instance, introduced to any health professional, because the health visitor doesn't necessarily come out til after 10 days, so the midwife visits for 10 days and then the health visitor comes out after that. But in Lanarkshire we have what we call First Step Workers and they are usually introduced to the family in the pregnancy. Do they do a tracking system through the midwifery department, so one of the First Step Workers goes up and that is how they are finding the pregnant mothers. Also the other interesting, it's not finalised but we are working on it, we discovered that the there are 71 young mums in the area. It's not an exact figure because we are still analysing it. We were quite impressed with that because what we discovered was that there were 45, no that they were all engaged, but we made sure that they were alright. So although they didn't engage doesn't mean to say… but we would never let any worries go, if there were any worries then it would get passed to another department or the health visitor, the main health visitor, as they have all got to worked with them til the age of 5. They are what you call …surveillance scheme. So there are still these barriers to overcome, you are right, and it's about who's getting them and how much we can give them and how you would give them that information.

H- and I also think it's how the worker approaches a young person. If you have a worker goes out, it's their manner, it's just depending on how you approach a young person. If you approach them in a nice friendly manner and you are not intimidating and you are not there to judge then that young person will come back.

L- so do you think trust is main thing regarding….

H- If you find a young person who trusts you then they will come back and they will seek the help and the advice that they need.

L- Do you think information eases the stress and anxiety they encounter during their pregnancy? What do you think about that?

H- I think by attending a group it eases the anxiety. I'd hate to think of a young person out there holy and solely on their own. We can't make them engage, but they are vulnerable, but I think attending a group certainly eases their anxiety as they've got each other.

L- I think that's us. Is there anything else?

A-no

H-no

Appendix C: Transcript of interview with IG3

L – For the record, could you tell me a bit about yourself – your job title, how long you have worked here and what is your involvement with the pregnant teenagers?

OK. My name is Holly Bartlett, I am one of the Senior Youth Support Workers here at Y Sort It and my remit is managing all the group work side of things at Y Sort It which includes the 'Young Mums to be' Group. I have been in the senior post for just over a year now, I've been working here in total for about two and a half years and I've been working with my 'Young Mums to be' Group for just over a year now. Do you want me to tell you about the young mums?

L – Yes

The 'Young Mums to be' Group has been going for about ten years now and basically the idea of it was that young females, who are pregnant, could access ante-natal support, but within a youth friendly environment, because what we were finding at Clydebank Health Centre, was that not a lot of young teenagers were accessing the classes up there and a lot of that was really when we were getting feedback from the young girls was that when they were going to the classes they didn't feel very comfortable because a lot of them were older mums to be, they felt they were maybe getting judged or getting a certain kind of attitude towards them and the midwives thought, you know, we should really be supporting these young girls how to do that and then it was kind of worked with Y Sort It to set up a group here and so over the years the midwife will come every single Monday and provide the kind of ante-natal care, going over what kind of to expect and to access a lot of different kind of information and there has always been a Youth Worker that has kind of been part of the group as well to kind of support with, can be anything from housing to benefits or general kind of relationships and the one to one support is really key as well.

L – OK. Well that leads onto what kind of questions that the girls ask you, what, is it mostly about their pregnancy, what is it mostly about, could you give me some examples?

A lot of the time I think, why it's so key that they come is to speak to the midwife, so it is those kind of worries about labour and about being a parent and things like that for the first time, so a lot of kind of questions they'll have are 'what to expect at labour', during pregnancy, if they are feeling unwell and things like that, they like to get a wee check up now and then, whether its hearing the babies heartbeat or if they want one to one time with Alison the midwife. From my point of view they tend to just come to me for things like, if they are having difficulty getting benefits and knowing what they are entitled to or if they are on a list for housing and they are not seen to be getting anywhere or just getting passed back and forth, then I kind of work on kind of behalf of them basically and trying to speak to the right people to make sure they are getting what they are entitled to, making sure those kind of things are kind of, hopefully are in place in for labour, so that we are not kind of still on a

housing list for when the baby comes and things like that, obviously doesn't tend to work out like that. Sometimes it can be things just like they want a wee chat one to one because they are quite stressed out or their relationship's not going great because of the stresses of the pregnancy and what's to come and its just that kind of case support that you are provide to give to them.

L – OK. Regarding the benefit, do you think there is lack of good information out there; do you think there's maybe barriers regarding the benefits?

I think so, I think that a lot of the feedback from the 'Young Mums to be' is that they just get passed back and forth and they are not able to fully understand what they are entitled to or they can be waiting ages to hear back about a benefit claim or something like that and sometimes it takes for somebody like myself and the position that I am in, to be phoning in and almost like kind of chasing it for them. A lot of the girls as well have that much going on that they maybe just let it kind of slide and it can be weeks before they are really kind of told what the outcome of a claim. A lot of the time they are saying they are going to the Job Centre or they going to Welfare Rights and things like that or Citizens Advice and they are not really getting the information that they think they should be getting. So really that is like my kind of job to make sure that they are and obviously I am not an expert on like what they are entitled to, so that where's really I've got my kind of key people that I phone and try and find out the information for them.

L – OK. In general, what kind of barriers or problems do you see for the girls in accessing the information? Say, either about their benefits or pregnancy, things like illiteracy or motivation. Do you find anything like that?

I think motivation, definitely would be a barrier for young people, a lot of the girls, for example, if somebody was to come to me saying ' oh I've not had my Healthy Start vouchers through', it would be right, have you phoned, right here's the number, phone them and they are really hesitant, oh like I cant be bothered, that really, that's where I just need to try and coach them into being, basically, this is really important, this is what you are entitled to this like, its really key that you are keeping of top of this and that you chase it. Definitely motivation and lets just say that definitely we have a few girls that have come to the 'young mums to be' group who are quite vulnerable, some with learning difficulties, but everybody that comes into the door we get them to basically do a registration form and on the back of that is an opportunity for them to say any kind of special requirements that they need or basically attending the group and if they do any illiteracy or anything like that at all that, issues that we need to be made aware of and a lot of the time it is quite concerning that you will get girls through the door where you would think that there is not the support in place for them, they are really vulnerable girls and its really just my job and the midwives or when you start liaising with Social Work and things like that to make sure that they are getting the support they need.

L – Do you think that age is a barrier to getting the information?

I think so, a lot of the girls that have came when they fall pregnant, that are in this kind of position, where they have to think about things, that they probably never thought they would have to think about before, so things like, standing on their own feet, talking about finances, and housing and the thought of responsibility and of being a parent and things like that and yeh a lot of them kind of think, kind of drag their feet a little bit with it and I think it is quite like an age thing, but in saying that as well, we've had lot of young mums to be come to the group that, you know, have been great mums, like when you have come back in with, really coped well and ones that you might not even have a concern about that maybe seemed to lack motivation and things that put in their position that when the baby comes they have done really well, so I think probably a lot of people would sit and make judgement about teenage pregnancies and things like that but from our point of view we say, well that accessing the 'young mums to be' group shows that they want to kind of to get the support they want, kind of be good parents and things like that when the baby comes, they want to access that information, that's a really good kind of sign for a start, but there are a lot of teenage girls who are pregnant in this area that don't have access to the group as well and I think again that would come down to the motivation and just maybe not want to take the responsibility of trying to access it

L – do you think that the girls avoid information, that kind of leads on to what you were saying, if so, what do you think they avoid and why do you think this is?

I think, well from the girls that access the group, a lot of the time when they do come they don't want to know about labour, they kind of panic at the thought of it and when we get out the charts and start to talk about what to expect, its like, they do start worrying and things like that, but I think that that's natural for every mum to be, to worry about labour, but a lot of them have been quite, 'no, I don't want to hear about it' and things like that but, its like this what's going to happen like its good like you kind of know about it and you know what to expect and it's a chance to be, basically, ask questions and maybe get rid of some of those kind of worries about it and I think for the girls who don't access the group, just speaking to the midwives I think it is just 'I don't really want to…' its just that kind of denial stage where they are still maybe trying to deal with the fact that they are pregnant and that they are going to have this baby for longer than a few months and they just don't, they really just don't want to hear this information and things like that, so, but yeh a lot of the time when they do come and stuff, like, they come back after they have had their baby then they've said you know it is good that they have kind of talk on what to expect and things like that its kind of prepared them a bit better.

L – do you find that they always have the child, their baby's interest at heart, but sometimes they just don't have the foresight, or the…they just don't?

Yeh, I think particularly, probably one of the barriers that we have faced before is where we have had the Health Improvement Team come in and do things, things to do with like smoking, unfortunately there's are quite a few

girls who are pregnancy who continue to smoke throughout their pregnancy and its something that we do try and tackle at the group and for that a lot of the time they'll come and they'll be quite hesitant even to take part in it or hear the information about it and its not that they might not have the baby's best interest at heart its just that kind of thing 'this is something for me' ' I'm being……I don't want to quit, like I enjoy it' its like you have to think that what you are taking in your baby is getting as well and that's been quite a big barrier since I have been taking the group kind of tackling kind of them smoking during their pregnancy and its something that Alison continues to try and you know, we do weekly sessions we talk about healthy eating and keeping healthy during pregnancy and things like that, but then you'll get your teenagers who are quite determined and just like "I'll do my own thing, it'll be fine, there will be nothing wrong with the baby", again it comes down to that denial thing.

L – OK. What kind of sources do you think the girls prefer? I mean, do they prefer talking to people, I mean you know, there are lots of leaflets that get handed out what do you think about that?

I think that just talking in a kind of an atmosphere where it is quite informal there's not a specific structure, yes well work from kind of an eight week plan where we kind of know what we are going to be covering but I think the key is to kind of leave it quite open forum that you know Alison and myself obviously is there something you want to cover today or is there anything, has anyone got a questions or anything like that try to keep it as informal as possible they kind of, they react well more to that and I think definitely kind of visual aids are quite good as well we've always had quite good feedback when we do things with like DVDs or we've got interactive kind of workshops and things like that. Personal experience, giving out leaflets isn't really that successful, a lot of the time you'll give them something and 'did you read that at home?' and reply 'no' or they'll blatantly say that they put it in the bin and things like that…so…yeh I think, kind of group discussion, informal is probably the best way to kind of take in information or things like DVDs or interactive workshops probably the best way to get the information across to them.

L – Do the find that the mums talk to each other?

Yeh we've had a lot of young mums who have come into the group not knowing anybody and by the time they have had their babies have formed quite close friendships I think that that is what's really key to the group a lot of girls in their situation will feel quite alone and nobody else is really going through what they are going through and I think that kind of supporting each other through the group is really great to see, because obviously myself and Alison can provide the information but having that kind of support from somebody who is going through exactly the same kind of thing that you at the same time is actually probably more important, so there's definitely kind of been in the past and currently friendships formed and when we have been kind of bumping into them after the group or if they move onto the toddler group and things like that a lot of them come as a group together who are at the group, so that is really good to see.

L – Do you think the teenagers needs change or do they ask more questions maybe towards the end of like just maybe before they give birth or maybe more at the beginning is there any difference at all?

I think maybe that when they come in at the start they are quite quiet mouse's and really don't say much, it's all maybe a bit too much for them at the kind of start I would definitely say nearer the end they kind of come forward a bit more probably with more one to one time with either myself or the midwife and that I think, that's particularly maybe comes down to a lot of their kind of worries and kind of start coming into play the last few weeks of their pregnancy that kind of realisation of yes it wasn't going to happen and I'm going to be a parent and this is definitely going to happen . We've had some girls that have come in at the start that have just had loads of questions but I would say that the more popular trend would be that they kind of want to access more information near the end of their pregnancy and that's why you don't tend to get lots of girls early on in their pregnancy come to the group I would say on average maybe the kind of start mid twenties weeks sometimes even kind of the thirties so its that kind of later stage of their pregnancy where they are going to access information.

L – Do you think stress or anxiety plays a part in this shift in, you know maybe towards the end? As you said maybe getting worried about their labour, so do you think maybe the information eases this stress or do you think it builds on it?

Going by, I think some, I think young people are quite different to each other like, some girls that we've had are do start like start really panicking kind of near the end or the more you sort of talk about things the more its worrying them but then a lot of girls kind of say as well actually that's made me kind of a bit more calm and I kind of know what to expect and things like that so I think it really just comes down to the individual, like how responsive they are to the information and what kind of personally they are like whether they worry or stress about things, again it probably does play a factor in why they kind of access information more near the end.

L – comparing like the, say, older mums you know older women having babies and the teenagers, do you think their needs are any different? Or is it more just, the sort of the stigmatism around them and you know and how they were uncomfortable in the groups with the older mums and they just feel more comfortable, I mean, but that their needs do you think they are pretty similar?

I think so, I think that they are accessing the exact same information as the older mums are getting at the classes up at the Health Centre, if not more actually here, that we do try and cover as much as possible not, I think specifically the older mums that are accessing the ante-natal classes at the Health Centre its all about their pregnancy and about labour, but we'll cover things from like communicating with babies and oral health and nutrition for when the baby comes and we try and bring in as much as possible that's actually that like early intervention information for kind of like first time parents so I think that they get more information but I wouldn't necessarily say that they need it coz I think like a lot of girls that kind of came in do seem to kind

of, they do cope kind of well and things like that and I think it probably does kind of come down to the stigma of it really.

L – do think they are any gaps in information for the girls and if so, what do you think they are?

I would like to see similar projects in other areas I think, we've had people contact us and ask quite a few questions about our group because there has been nothing similar in their kind of area, so I think we are quite special in that way that we've got, this has been going for ten years and the amount of young people that have been able to get that support has been really good, so I don't think there's maybe a gap here but I would say like in other areas, it would be good to see similar kind of projects running things for young mums to be but it is more youth friendly and it is more kind of something they would respond better to than trying to access the support via the kind of the Health Centres or the Hospitals. The kind of gaps in this area would maybe just be, just from personal experience, would be kind or working with benefits and the housing, I think that a lot of the girls just get passed back and forth and there is not the right support there, but that is where we kind of come into play we are just kind of making sure that it is.

L - OK. I think that is everything…oh well, do you think trust is an important factor in teenagers that are looking for information?

Definitely, I think that trust is important because it's what the young, from my experience in the group, what they respond really well to is the fact is that is always pretty much the same midwife and its always myself that's there, so I think building that rapport with them because when they first come in nine times out of ten you are not going to have a young person that's going to tell you everything that you want to know or start talking about their kind of concerns or their worries and things, but through time and seeing them every week and building that rapport up with them they do start kind of trusting that they can maybe kind of speak to you about things and that's when a lot of the time it is important with a lot of the vulnerable girls that they'll be able to start saying things that are kind of going on with their lives and that we can better support , so I think that trust is really important with young people and I think that goes for any kind of, any kind of part of youth work, its really important to kind of like have that rapport with them that they get the feeling they can come to you. We always stress as well that, you know, our service is confidential, the only thing that we will kind of take further information is if that they've stated that the risk to harm themselves or others, you know, so that falls under Child Protection but this is a confidential service and I think they respond well to that, there is a bit more of a maybe they would come to tell me with something more than maybe they would a Social Worker, so trust is definitely important to young people I think.

L- I think that's us, is there anything else you would like to say?

No

Appendix D: Transcript of interview with IG4

L- For the record could you tell me a bit about yourself, your job title, responsibilities and how long have you been working here?

OK. I am a midwife that has responsibility for a caseload of pregnant teenagers that are seemed to be most vulnerable and I work specifically around teenage pregnancies since 2005 and I work across the city of Glasgow covering the maternity hospitals of the Southern General and the Princess Royal.

L – and what's – the first main question I have is what kind of questions do the girls ask you?

Well probably how I would respond to that is that sometimes the questions need to be teased from them, so they are not always sure what questions there have to be asked until you kind of go into it with them, so questions that get asked on a regular basis, because remember that when they coming in for consultations we might be asking the questions first rather than them necessarily coming with questions. But text message questions would come in would be around they might have movements of their baby… their skin, quite often they ask a lot about their skin you know if their skin is very dry, their hair, you know, especially around getting hair dye and getting different sort of things to do with their kind of appearance….but mostly things around the baby, the movements of the baby just being a bit nervous about things, in those early stages its usually just around you know 'when am I expected to feel the baby move', 'I've not felt the baby move' you know so they will text me or phone me about stuff like that or if they think that their waters have broken, so it can be a whole range of stuff that is appropriate for pregnancy or sometimes they will just text me about other things around what's going on in their social circumstances or about benefits, so it is wide ranging as teenage pregnancy is it could be anything, you know…'I've got a cat, is it OK', to…I mean someone texted me could the cat stay overnight at the house? You know things like that, it can be quite random and then at other times it can be quiet…..there is a pattern to what people ask.

L - OK. Why do you think that they come to you for information, I know obviously you are their midwife, but do you think that there are any other factors that come into it?

Sometimes they have maybe have friends that have known me, so they know that there is someone that works with pregnant teenagers and that's always making it alright, there's sometimes a kind of peer support around that. I am on the Sandyford website, so my name comes up around people who maybe have got caught out and had a termination of pregnancy or they're considering to eh.. Considering pregnancy rather than a termination so…or sexual health, so the name comes before, so sometimes anything with pregnancy stuck to the side of it sometimes we do encourage…. that…. someone came here, someone actually came to the building, because they had been on the website for Sandyford and seen that there was a midwife for pregnant teenagers and actually arrived in the hospital, so that accessibility

probably does encourage access to contact and perhaps I've just had someone just contact me saying, 'you're the midwife for pregnant teenagers, can you help me'….so I think its difficult for me to answer the question coz obviously that's how I know that the information comes in, or I spoke to Sandyford and they told me to phone you or they have perhaps spoken to their school… the contact might come via another source, but quite often its themselves maybe that have gone online or found out something

L – Is it normally by phone, they contact you, or email or text?

It's normally text or phone, but very rare that they appear in person, but it has happened

L - Caught you off-guard?

Mm…I wasn't here, so it caught one of my colleagues off guard, but I wasn't here, so she came up on a Monday and said 'oh I think there's a midwife for pregnant teenagers, can I see her please?'

L – oh that was good of her

Laughter

L- what barriers or problems do you see for the girls in accessing any information on their pregnancy?

I think sometimes they think they've been a bit stupid and they'll sometimes start a question by 'I know this is a bit stupid, but….' So I think there is a sense of intimidation around their age and stage of development as well, again I think it depends on perhaps where other people have accessed information I suppose that's normal for any population when there is something new happening to you, you would go….

L – (agreement)

…did this happen to you and they perhaps ask other pregnant teenagers or they ask their families. I think sometimes there is a barrier, it can be their age and their stage of development and sometimes the barriers can be, they actually don't know any better and they don't know that there are maybe questions that need to be asked.

L- yes

So that's a lack of, it's not necessarily a lack of intelligence, its just a lack of insight probably and to….'but what do I need to know?'. You know, so that can occur as well and that's a barrier that just happens to be there, I wouldn't have said that language isn't necessarily a barrier because we don't have a known large population, apart from perhaps Roma and Slovakian and Eastern Europeans, that would certainly be a barrier …. from the language point of view and also of course about confidentiality and disclosure. There is still an element of being frightened, not the majority, that's very, very rare that somebody would say 'oh my mum doesn't know' or ' I am only phoning you, but you've not to tell anybody'. It doesn't happen very often, but its still

around about the sharing of information, but that would probably be some of….my perceived barriers, that's me making that perception, because their barriers are obviously their barriers, so there that would be.

L – do you find illiteracy a problem at all?

It's a problem because….its a problem because I don't think we are very good at picking it up, when we book people we have set of hand held notes and what we do is, kind of when we see them for the first appointment, we'll maybe ask them to fill the book in, which will give us an idea about their ability, but certainly, maybe on a first appointment, I mean when someone has come back they've maybe said actually 'I couldn't…' we do ask people if you can read and you can write, I think on a first question somebody's more than likely to say 'of course I can', than perhaps disclose, probably the way I would do a history taking would be slightly different with a teenager because I would be tuning into it, you know, if they had left school, how are they at filling in forms, do they need any support, but you are not always getting a handle on perhaps the level of their literacy or the illiteracy and that will sort of come in the future encounters.

L – OK. How do you think the teenagers deal with these barriers, so say with their illiteracy, how do they get around it maybe?

I think that just sometimes let the barrier come down allowing support, understanding that its quite a common thing, we don't want…we kind of don't want it to be a barrier to the way they can parent their child so probably explaining in a way that makes sense, around reading prescriptions in the future, you know if the baby gets a jag or if they get any medications themselves, so bringing it into to understanding why it matters in a pregnancy point of view and how we can assist with that. So I think barriers are kind of brought down through contact and good communication and trust as well and also good signposting to other support services, absolutely…. and we see them as a unit, I think that it is important we know…if one with illiteracy, I think its good to check out everybody else around in a family as well I wouldn't have said that it is only just perhaps the teenager, if she is living at home with a Mum that cannot read either, then that puts a bit more worry around their ability to read things and check things out and look after themselves so I would always kind of check in with the guy or whoever else was maybe there, just around who gives you help…maybe say 'who helps you with filling in forms normally?' or 'how do you normally round this?'. You know get a little bit understanding of that. Age can be a barrier and just the fact that it's in a health setting can be a barrier as well.

L – OK. Other than yourself, where do you advise the teenagers to go for information and why?

Well, they've already got their hand held records and their hand held records is really good and gives them lots of signposting, lots of websites, again, not everybody has access to a computer, kind of check in that as well, coz that's part of asking about literacy, because you are giving people a ton of information, so its always very good to check that they can actually read what you have given them. The 'Ready, Steady, Baby' book again has got lots of

wee signposting on it as well. I advise them around the Tommy's 'Young Parent' guide because it's more age specific and I give them stuff that's maybe more around age specific, there's a young father's leaflet, other places where they can find information on websites at Sandyford, what else do I use…. there's a baby website that I use about how to keep your baby safe when it is sleeping, so there's little bits of information that you'll know that are specific perhaps to teenagers and we also invite them for ante-natal classes as well, where we'll further inform them about more information that's out there.

L – Regarding the sources of information, do you think, what do they prefer, do they prefer coming to you personally or to they tend to reference all the bumf that you give them?

They tend not to reference the bumf, sometime they have read their books, I've just done an ante-natal class today that is quite interesting, that hardly any of them have read their book and they don't always forward plan, so sometimes they will only read about things if they've maybe heard about it from somewhere else or if it has happened to them, whereas I think sometimes older women, who maybe a bit more exposed to information are more likely to have a broader picture, so in my experience teenagers kind of just deal with here and now. 'If that's my blood pressure today, than that's fine' or 'if you've found that in my urine then I might go and then found out more about it', so it's probably not just.. So its just that they are quite insular in their thinking and they don't always go broader, sometimes when they have gone broader or onto the internet and not used a particularly well sited place and they come out with horror stories, that they'll then come and say 'Oh I read, I looked this up on the internet' suddenly if they have had an itch or they have had a rash and before they know that they have something horrendous wrong with them and they think they the baby is going to die…so that can happen, but that can happen to any age of women, but that is my experience of the clients that I work with…or they'll come in and say 'oh I have spoke to my sister' or 'I spoke to my Mum' or 'I spoke to my Granny and she told me this'…but they want to run it past me to get some clarification, so I think yes, sometimes their sources are not always the most appropriate, but its normal sourcing from what you would normally do in any other member of the population…anybody else. 'One Born Every Minute' gets cited all the time and that American one that they watch all the time as well, I do sometimes use 'One Born Every Minute' as an educational tool, because like, there was something on it once where the women declined a vaginal examination and it's a good….I use that example as a topic within my ante-natal classes because its about consent and its about us not doing things to you without your consent and its about them being able to step up and speak for themselves and being able to take some ownership of their body so it actually does encourage quite an intellectual kind of information giving session

L – something that they can relate to

Something that they can relate to, but then they'll have watched the programme and not really picked up on the fact that she did not want a vaginal examination, but you can use it as a kind of teaching tool, so there is

kind of ways round how to better inform when you have got the information perhaps from somewhere else

L – OK

And you can use….rather than going 'oh don't watch that because its absolutely rubbish' you can use it to say well this was what was on the programme and lets explore that a wee bit more, you know things like still birth and cot death and stuff like that, you've got to be able to explain it in a way that makes a bit of sense and for me, I quite like to have there with me, coz you can do a little bit more with your hands and you can use a doll and we have other resources to use rather than just reading, it makes it a bit more real than using pictures and things and props

L – do you find that the mothers talk to each other?

Mm-hem (agreement)

L- do they ask?

Yes, eventually….it can sometimes take time, when I am in mixed classes, I sometimes find that the guys might pick up with each other a bit quicker than the girls, they definitely not the best in groups and I think it must be an age thing and a, you know, confidence thing and feeling a bit uncomfortable in a group

L – almost a bit like school?

And it does feel like school, I try really hard to do it in a way that makes it not like school, but in an information giving session, part of it is going to feel as though someone is just giving you information. What you try and you do try and draw in for them and what is good and I think this is obviously…this is what happened today, you will say things like, nothing is wrong and nothing is right we are just going to guide you around some of your answers, so if you say…I said to someone today 'would you want your baby delivered up onto your chest, or not?'…'oh no, no…that's disgusting, that's disgusting' and then I'll go on and berate her and say that it is not actually disgusting, it's amazing, but then that's great that's your choice, you want to write that in your birth plan and you want to have that as your ownership of what is going on. Someone else would want their baby on their chest, so it is about exploring why they have said something, talking to their babies, you'll get a mixed group, their bumps, sorry, you'll go to people 'do you think its really stupid speaking to your bump'…'aye' and they someone will go 'no..actually I think its really interesting'….so it will create, but the most important thing is that they don't' feel intimidated at saying 'no' and that they are never wrong, because they will come out with stuff that is completely wrong, but it's how you then try and generate that correct answer around it in a nice information giving way that's not 'that's a load of rubbish, you've just told me and I am going to tell you the right answer'

L – not to dismiss them

Exactly, you don't dismiss it, you say 'that's a fair enough point, but its not quite right but I'm going to come back to you'…. just stuff like that, so there's definitely a way of doing it that hopefully then encourages that….that they'll go away and some of it has been retained, because they have been part of it, you know they will remember when she said that and then that girl over there said she talks to her baby all the time, they'll remember it as being part of something, rather than just it went in and it went back out again.

L – sounds good. Do you think that the girls avoid information and if so what do they avoid? ….they sometimes blank it out

Mm hem. Again I don't know whether that's just a maturity and developmental thing, they're sometimes frightened and because they are frightened they just won't find out any more about it and they will just stay frightened

L – do you think especially about labour, towards the end maybe?

No, I think sometimes its more things like, you know, a baby not moving

L – OK

I had a girl who knew that her baby wasn't moving but kind of kept it to herself for a day, then told the partner, he was then really bothered, because she hadn't told him and she kind of knew that she should have told somebody and then thought that perhaps the hospital wasn't open at the weekends, so there is sometimes that lack of confidence to just access things and then feeling very guilty because they haven't done something, that they haven't actually had their babies best interests at heart and they have given themselves a really hard time, so I don't know, I'm not a teenager, so I don't know what that is, but when you try and revisit it, there's usually quite practical answers to why they didn't do something and its very rarely that they are not interested in the babies, they maybe have just not got that maturity of being proactive in taking responsibility for themselves and I think that is because they have always had somebody else maybe doing it for them and it is a big step up in pregnancy.

L – aye, it's growing up very quickly

It's a big step up and I think sometimes they're not always there

L – they're not ready

They're not ready for it

L – OK

They have almost got to make the mistake to then learn about how to do it properly, things like, maybe they might have thought they had broken their waters but they didn't tell anybody maybe for a couple of days and then by the time they have said to somebody, they might have a rip roaring infection going on, so its that understanding around well 'why didn't you phone someone a couple of days ago?' and to us it just seems bizarre, 'why did you just not do

it?' whereas to them there will be so many other reasons in amongst that, so yeh, I think things do get in the way of the way a teenagers takes that responsibility, to take that step. They'll say things like 'I had no credit on my phone' they use that a lot and that's again a teaching, a teaching time to say 'you've got to have some credit on your phone' 'get someone to help you with some credit on your phone', 'have an envelope, an envelope with a fiver in it, so that you have always got it'. It's just that element of a bit of preparation, rather than crisis management.

L – do you find that the teenagers change or do they ask more questions towards the end of their pregnancy, do you think stress is a?

I probably couldn't give a definitive….sometimes people come with an awful lot of questions at the beginning. Sometimes they go a bit quiet towards the end because there is a little bit of fear coming in…or….you know they are just the same, so I probably couldn't give you a definitive and then teenagers are teenagers, you don't get one the same as the other

Laughter

And it is just like everybody and I think it just depends….I think when you read this at times, you'll say have you gone over your birth plan, is there anything in your birth plan that you don't understand, so you are giving them an opportunity to discuss some of that, sometimes I do one to one – 'did you go to the class?' ' was there anything in the class that you did not understand?' So you are getting a chance to have that discussion and at other times they'll go 'No, I'm fine, I'll just waiting until it all happens'. In actual fact, I quite like that attitude sometimes, I do like the fact that they do live, sometimes a little too much in the here and now and they don't do an awful lot of preparation, but there is that element of 'well I will deal with that when it comes'

L – rather than panicking

Yep and I suppose teenagers can be like that about lots of things

L- OK. Do you think there are any gaps in information provision for pregnant teenagers and if so, what do you think they are?

I don't think there is easily accessible information about their benefits, specific to their age, I think there are so many twists and turns around, if you are still at home or if someone at home is getting child benefit or if you have gone to college or you've then stopped your course. I think it's a minefield, that sort of 16 – 18 and what they are actually able to have, so I think there should be definitely…and I think from a parent…there is obviously the teenager and the teenager's parents struggle as well, so its not just necessarily just about teenagers struggling I think that the whole family struggles and I think that when a family is struggling for money it is really important that somebody knows where a little bit of money is coming from, so in my experience that's a gap, it's a barrier that I sometimes have, even although there are healthier, wealthier children and there is money advice and resources that I can use, they don't always know the answer either and it seems to be quite on an

individual basis rather than there is a really good, easy answer that you can tell people

L- very complicated

It is very complicated

L – I have trouble

Some of the stuff, like the Health Start vouchers seem to be taking an awful long time to come out at the moment and when the baby is about to be born they used to send out maybe eight or ten vouchers to get people started that seems to have stopped recently and then of course Child Benefit, Child Tax Credit it can take up to about eight weeks before somebody's actually getting a voucher towards a tin of milk and a tin of milk is about nine pounds something, so what is very, it seems very minor can have quite a big impact, definitely. So I don't think that there is enough practical information around their benefits.

L – I think that's us, is there anything else you'd like to tell me?

I don't ever, you know I don't even have them come into to say to me 'Oh I wish we had this on this or where can I find this on this', you know they are not coming to me with any great gaps. They get stuff about oral health, they get stuff about contraception, so they are getting information kind of given to them, so its interesting to think what they would actually want and how they would want it or you know whether its an app or whether it's a text message or whatever you know its, they are not coming to me continually 'Oh, I didn't know that' or 'you didn't give me that', so its difficult to know kind of what's behind that, if there is anything, but then that's what you are going to find out isn't it?

L – I'm going to try (laughter). That's us.

Appendix E: Transcript of Interview with IG5

L – Just for the record could you tell me a bit about yourself your name, sorry not your name, but your title, your involvement with pregnant teenagers etc

Well I have been a community midwife covering Clydebank and I've been working nearly twenty years in Clydebank and in this group for pregnant teenagers for young mums to be, I've been doing that for ten years and its been mainly me that's been doing it, my colleagues are involved, there is a team of us, but mostly its me.

L – Good. Could you give me some examples of the kind of questions that the girls ask you?

Oh, that's a big question, I think, I think it might be easier just to say first that the environment I think, the reason we started this group was so that they could be on their own and away from the other pregnant women that've, the normal, the usual age, eh, so they are a wee bit more open than what they would be, so the questions they might ask would be about the pregnancy, about the baby growing and em, sometimes they don't ask the questions that you want them to ask about healthy eating and things like that, sometimes they do, but em they want to ask you know what size will the baby be now, em about labour, about if they are allowed a partner in, two partners, their mum and their boyfriend in at the same time, that's important for them em, a lot of it is that them not asking questions is me, is more a discussion me initiating it rather than them initiating it, so it is a difficult question for me to answer.

L – Alright

Some of the a couple of questions that they ask I can find off the top of my head is like 'how will I know that my waters have broken if I'm in the bath?' that's one, which is quite a sensible question but one that I haven't heard before, do you know things like that, that other people maybe just don't think of, but they think of.

L – OK. Good. What kind of barriers or problems do you see is them accessing the information, so things like illiteracy or confidence or motivation, things like that, do you see any of that?

I think, well, like what I said last, that they don't like to feel, that they're aware of being young, they're aware that people and they do say this to me, they are aware that people are looking at them thinking that they are young having a baby and especially older people, they feel that on the bus and like things like that, they feel that people are judging them, because, so they feel quite intimidated, they feel quite intimidated with people like myself, professionals and that's the reason why I still wear a uniform like this, because I hope that that's going to be a part of their life, that they are going to be dealing with people with uniforms on so its just getting used to it, that we're actually quite human and easily approachable and things like that, rather than I could come in my own clothes and make it all a bit more informal, but I think its good for them to see me as one of the midwives in the hospital, so that they can see me as a real person and then they'll see them as well, so hopefully them just seeing me, it's very informal, I'm very respectful to them, they know me by my first name. Continuity is a huge thing, like me being the same person every time that they see, I thinks help them ask questions rather than seeing different people all the time and unfortunately they do see a lot of different health professionals now, so them having the one person, sometimes it takes a long time to break down barriers with them, but I don't think these barriers would ever break down if it wasn't for the same midwife

seeing them. So trying not to judge them you know and the fact that they can any anything here, you know we don't, we never kind of judge what they are saying or anything like that.

L – OK. Do you think, I think you have maybe already touched on it, do you think that the girls avoid information, so say maybe towards the end of their pregnancy, do them sometimes shy away from, less information is better or?

I don't think they'll want it in sort of a school format, like I think they'll want it, they want to be treated as mums to be, they don't want to be treated as children, so its got to be, do you know sometimes it's like when I do a class, what we would do is with the other class for the normal age group mums, is that we cover a lot of things in an hour, whereas I tend to just touch on wee things, you know and sometimes we don't even cover what I think, I have an agenda set for what we are going do or with them having an agenda set, but we don't cover what we've planned to speak about, because we end up talking about something else, so that's fine with me, but I know that's not right with every health professional, sometimes they like to keep to what they're, but for me they can we can wander off and we can talk about things if they want.

L – what kind of sources do you think that they prefer, accessing information, do you think that they people you know rather than the pamphlets and the leaflets and the…

Yeh, I think that a lot of the time they probably don't read a lot of what we give them, they might, I am sure some of them do, some of them are really good at that, but I think a lot of the stuff is just put away in a cupboard you know and not looked at so, I use to get some information over verbally is the best thing to do, to try.

L – OK. Do you think that the teenager's needs shift as, needs change or do they ask more questions towards the end of their pregnancy, do you see any difference?

Yeh. I think they see it as more of a reality when they are getting closer to the birth, a lot of it, a lot of it depends on the relationship with their mother and the input the mother has, perhaps the mother will do a lot of the looking for them and do a lot of, but we encourage them to come without their mum here just so that they can, you know, so that they are not leaning on their mums, sometimes we find that the mums come here and they talk too much, so you know, so we have to, it is better that they come without them. The other thing is that making getting more information over in a DVD format and things like that, I've seen that when I've been here the last two weeks, so like that, the one about speech and language, that's really, really good for them to listen to, they all get one to take home as well, so hopefully its not just them who tune into, they can use it with their families as well, its really important that the boyfriend and anyone who is going to be supportive of them

L – OK. Do you think that stress or anxiety plays or shifts in their need of information? Do you think that get more worried and stressed towards the end or?

They might because of, if they maybe haven't has as much schooling as other people, then yeh, they get a bit nervous after reading things, also they've probably come from backgrounds where they haven't or their parents haven't accessed information, so just the fact that they are coming here is a big, big plus for me, because there are lots of young girls who aren't coming here, so the fact that they are actually attending the group is huge and a hugely positive thing. So you just, you always have to be aware of why they are not accessing things and reading things its

maybe because it's just not done you know or you'll find that their parents haven't done anything.

L- Do you see any lack…sorry is there any gaps in the information, do you think that there is something that is missing at all?

I think maybe at the very early part of the pregnancy, as soon as they know that they are pregnant there seems there is a wee gap in time between then and when they've actually seen a midwife, but that's getting addressed and that I hope in the future they'll see a midwife very early on, just to discuss diet and healthy diet and you know folic acid and things that, em, I find that they will, when they know as soon as they know that they are pregnant they are quite keen to see a midwife, so I think they probably will access the information, mostly they are on a whole so yeh at the very beginning of the pregnancy and maybe once the baby's been born after a month or two and they kind of, you know, the new baby and things have then have maybe that's when they kind of get lost again.

L- Yes

So maybe like when they go to Mother and Toddler Group, you know, accessing that is a really good thing and to get that information going then for them.

L – OK. I think that's it. Do you think that trust is an important factor in the teenagers looking for information?

Yes, huge, respect as well.

L – OK

I think if they feel respected then that's, they can take a while to build that up, its only seeing them, the same person all the time seeing them that helps, sometimes you don't get there in the end with them, but that again you've always have to think of what background they've had and maybe that's just not going to happen and not take it personally yourself, that you're not going to give them the information that's, its might just be a maturity thing with them, you know, I've seen lots of young girls come through with their first baby and then ten years down the line they've got a few and they are completely different people, they've matured and they've actually been really good parents but I think, thinking positively as well and portraying to them that they have potential of being good mothers and fathers and, em, encouraging them to read, constantly encouraging them to read things.

L – Yes. I think that is us. Anything else you would like to say?

No

Appendix F: Transcript of interview with Girl B

L- can you tell me about a problem or question that you have had recently regarding your pregnancy…where you went to get the answer and if you were happy with your answer? So something that was not in the diary, something recently…

S- I've got a terrible memory! I can't remember….

L- anything about your labour?

S- yes, whether I have to phone, when I was in labour, when I phoned them up if I had to tell them if I wanted the pool or not. Or whether they would just know! I don't know why I thought they would just know. I asked that when I was here on Monday with the midwife and she told me that when you phone up you tell them that you fancy the bath and that they have got it.

L- were you happy with your answer?

S-yes

L- What kind of sources do you prefer for getting answers to your questions or problems…. Internet, or family, friends, family or midwife? Who do you prefer, if you had number one choice where would you go?

S- It would be the midwife but that's not always convenient, as I don't always have an appointment, so

L- so after the midwife where would you go?

S- eh, the Internet because my mum doesn't really remember much cause I'm her youngest, so she doesn't remember!

L- What do you think about the leaflets and books that the midwife, doctor and hospital hand out? I think you mentioned something about them in your diary…..

S- yeah I've read all of them.

L- do you know anyone or friends that are pregnant do they tend to read…?

S- I don't know, I don't have any friends that are pregnant, I'm the only one the now

L- What kind of problems do you face when trying to find answers to a questions you have? So, you said that the midwife is not always there is there any other problems you have in accessing information?

S- When I go onto the Internet you get different sites telling you different things about the same questions. So you don't know who to believe, cause you shouldn't believe the Internet but it's the first thing I do.

L- Do you think getting information on your pregnancy and the birth helps with the stress and can you give me an example? Maybe you are getting towards your due date, do you find it a bit stressful, worrying or do you find information helps?

S- yeah when I get Braxton Hicks and sometimes the midwife says to me that they are not sore and they are sore every time I get them they are sore and they can last for a while, but then after that they go away, so during that I think “is this labour?” so I start checking up on other signs of labour and then that kind of puts my mind to rest, I know it’s just Braxton Hicks cause I don’t have any other signs.

L-Do you talk to other young mums-to-be for advice and help and about any information?

S- I don’t really speak to them, I don’t know any of the young mums and Stephanie’s quiet and Allana has just started. I don’t really know, that’s what I was saying about in the dairy, if there was a local website, like a Y Sort It web site for all of the young mums from around here to talk about it, I think it would be easier because most people go onto the Internet.

L- What do you think about the public library? Have you used the library to answer a question on your pregnancy? You have already said no, but would you ever consider using the library?

S- I might now, it’s just before I never had the time cause I was at work all the time, but probably now.

L- Do you find being pregnant stressful?

S- No not really

L- So you’re enjoying being pregnant

S-yes

L-good. Anything else you would like to tell me?

S-no

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