



Doulas' Perceptions on Single Mothers' Risk and Protective Factors, and Aspirations Relative to Child-Birth

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This study the author aims to explore the perceptions of doulas on single mothers' risk and protective factors, and aspirations relative to child-birth in the postpartum care. The current study was conducted by semi-structured questions, case file reviews, field notes, and twelve home visits via utilizing Grounded Theory. These mothers receive social services through a family services agency in Pittsburgh, PA. There were three doulas and three single mothers in the sample group. Findings displayed four themes: (a) doula program is helpful for single mothers relative to child-birth, (b) social exclusion is a risk factor in single mothers lives relative to leading to single motherhood; (c) support system is a protective factor in single mothers' lives relative to child-birth; and (d) pursuing education and applying for jobs are the aspirations of single mothers relative to child-birth. Keywords: Doulas, Single Mothers, Pregnancy, Grounded Theory

Doulas provide services to other women during pregnancy, childbirth, and the postpartum period. The content of their services are compromised of continuous non-medical social, physical, and emotional support and (Breedlove, 2005; Kishi & Salik, 2009; Meyer, Arnold, & Pascali-Donaro, 2001). Doulas' role are recognized as "sister-like," "woman-to-woman," "mother-to-daughter," or "friend-to-friend" relationship (Breedlove, 2005). Doulas often encourage young mothers to explore their goals.

In traditional societies, relatives and elderly women (e.g., mothers, grandmothers) are acknowledged as young mothers' role models to teach childbearing skills from one generation to another (Ballen & Fulcher, 2006; Livingstone, 1992). Contrary to the traditional societies, in individualistic cultures, the help of family members is barely available to young mothers. Due to the lack of partners of family members, doulas take the role of these extended family members (Ballen & Fulcher, 2006) in individualistic cultures. For example, doulas help mothers by providing 24-hour call availability at pre-birth, labor, delivery, and postpartum period, individual counseling, and transportation provision to mothers (Ballen & Fulcher, 2006; Glink & Atfeld, 2000). While providing services and accompanying mothers, all doulas respect each woman's uniqueness, diverse religious, and cultural beliefs.

The Role of Doulas

The main role of doulas is a caring process for the mothers in early pregnancy through the transition of motherhood. Doulas professionally assist the mother through all of her child's development and meet their needs. The role of doulas is to help women have a safe and empowering birthing experience (Glink & Atfeld, 2000). Doulas accompany women throughout labor and delivery at home and in a hospital setting. Further, doulas educate mothers, their partner, and family members about childbirth preparation and breastfeeding (Meyer, Arnold, & Pascali-Donaro, 2001).

There are three types of doulas. The first one is called a *prenatal doula*. Prenatal doulas promote health, build healthy relationships, encourage receiving good medical care, educate mother about the baby, and teach about labor and delivery (Glink & Atfeld, 2000).

The other one is called a *birth doula* (intrapartum) that provides comfort, assist in the birth progress, and nurture the family interaction (Glink & Atfeld, 2000). After the birth, doulas make home-visits to teach breast-feeding techniques, nurture the family connection, educate the new parents on childbearing, and help new mothers for transportation. The third one is classified as a *postpartum doula*. These doulas accompany mothers to take care of their new born babies, and teaching baby care basics (Meyer, Arnold, & Pascali-Donaro, 2001) Although there are three types of doulas, sometimes doulas can carry out all roles.

The current study addresses the doulas' perceptions on single mothers' risk and protective factors, and the aspirations in the postpartum care that has not been explored in the literature yet. This study is salient to help doulas and other professionals explore and find out some different aspects of single mothers' opinions about their lives based on doulas' opinions. The present study utilized Ground Theory principles to explore the unknown nature of the conversation and semi-structured interview to allow participants some space to flow the conversation more naturally (Hesse-Biber & Leavy, 2006). Five questions were asked to the participants on single mothers' risk and protective factors, aspirations, and the benefits of DOULA program. The study will benefit doulas, social workers, and other professionals to examine if they are on the same page while working with single mothers.

Research Studies on Doulas

Many existing studies have examined doula involvement with young mothers in the current literature. Research on doulas examined doulas' continuous support for women during childbirth as salient for children's well-being (Hodnett, Gates, Hofmeyr, & Sakala, 2004). Past studies indicated that the women who lack family support, supported by doulas, had greater self-esteem, self-confidence, and higher regard for their babies (Cutrona & Troutman, 1986; Haider, Ashworth, Kabir, & Huttly, 2000; Klaus, Kennell, & Klaus, 2002; Porteous & Kaufman, 2000; Terry, Mayochhi, & Hynes, 1996).

Single mothers, lack family and peer supports, displayed low level of postpartum depression and anxiety by the help of doulas (Berchtold & Burrough, 1990; Keenan, 2000; Langer, Campero, Garcia, & Reynoso, 1998; Lavender & Walkinshaw, 1998; Locicero & Issokson, 1997; MacArthur, 2002; McIntosh, 1993; Small, Astbury, Brown, & Lumley, 1994). Other studies demonstrated that doula promoted emotional advantage to mothers (Arora, McJuckin, Wehrer, & Kuhn, 2000; Campero, Garcia, & Diaz, 1998; Cronenwett, 1985; Giugliani, Vogelhut, Witter, & Perman, 1994; Keenan, 2000; Langer, Campero, Garcia, & Reynoso, 1998; Lavender & Walkinshaw, 1998; Locicero & Issokson, 1997; Manning-Orenstein, 1998; McIntosh, 1993; Misri, Kostaras, Fox, & Kostaras, 2000; O'Hara, Rehm, & Campbell, 1983).

Most studies found that appropriate professionals and practitioners, and support groups could have significant positive outcomes for the mothers and their families (Berchtold & Burrough, 1990; Breedlove, 2005; Locicero & Issokson, 1997; McIntosh, 1993; Porteous & Kaufman, 2000). Other empirical studies displayed that parents benefited from education on baby feeding, bonding, attachment, and coping skills who lacks of any family and peer supports (Swain, O'Hara, Starr, & Gorman, 1997).

The aim of this study Doula take a salient place in women's prenatal, intrapartum, and postpartum care. Most studies have found that doulas are supports of young mothers if they do not have any family or peer supports. Yet the current literature lacksempirical studies on doulas' perceptions about young mothers' risk and protective factors, and aspirations relative to child-birth. Hence, the aim of this study is to explore the doula perceptions on young mothers' risk and protective factors, and aspirations in the postpartum care relative to their child-birth.

Researcher Role

This study was a MSW project for Qualitative Research Class. The author has chosen this topic because she was a social work intern in a family services agency in Pittsburgh, PA. While the author was doing many home visits, she figured out that not all doulas were on the same page with single mothers. For example, some doulas think that most single mothers drop out of school and did not pursue their education in the future as one of the risk factors yet other doulas think the opposite. With regards to this study results, doulas in this study will realize some differences among the potential and risk of single mothers' lives while providing services to the single mothers.

Methodology

Due to the paucity of research of doulas' perceptions on single mothers' risk and protective factors, and aspirations in the postpartum care, it is beneficial to explore them using qualitative methods. For the purpose of this study, the author employed semi-structured interview and home visits.

Home visits were made to glean information on young mothers' home environment. Additionally, young mothers' socioeconomic status (social support, educational level, and welfare benefits) and demographic information (race, current age and the age when the mother gave birth at her child) were gathered through case reviews. Next, a semi-structured interview protocol was used to gather information. There were four main sections of the interview protocol. The first section began with introductory questions to build rapport asking the experiences of doulas working with young mothers and in what ways the doula program helps young mothers. In the second section, the risk factors of young mothers relative to child-birth were asked to doulas. Participants were asked about protective factors of young mothers relative to child-birth in the third section of the interview. The last section began with gathering information on the aspirations and expectations of young mothers for their future regarding school and work.

Participants

There were two types of participants. One of them was doulas. There were three doulas. They were all female and Caucasians. Their mean age was 26.33 years (range=24-29 years). All doulas had worked with each young mother for 6 months. Additionally, all doulas held university degrees and got certification on doula programs. Doula Kate had been married for five years; Doulas Amanda and Betty were single. Next type of participants was single mothers. All single mothers gave birth to their first children before the age of 18. Their mean age was 22 years (range=21-23). The socio- demographic information of young mothers is provided below:

IRB approval was gained through the IRB's spokeswoman and the professor/supervisor of this MSW class study, and the supervisor of the family services agency. With regards to the IRB spokeswoman's permission, the author did not interview single women under the age of 18. After IRB approval, the study took place under the supervision of the Qualitative Research Class professor. All names were removed from the transcripts to ensure confidentiality. For confidentiality purposes, pseudonyms are provided for each single mother and doula. Angela is 23 years old, African American, has four children and gave a birth to her first child at the age of 14. She has lost the custody of her four children, but has supportive relationships with her sister and mother. Angela's parents were

separated when she was a baby. Angela's mother is also a single mother with two children. She does not have any contacts from either her father or her children's fathers. She lives in a shelter and has a low socio-economic level. She does not have a high school diploma and does not plan to complete her education in the future. She is unemployed and does not want to hold a job; therefore, she is dependent on welfare benefits. The next young mother is Jessica who is a 21 year- old Caucasian, has three children, and gave birth to her first child at the age of 15. Her parents separated before she was born. She does not have any family support, but feels that she receives support from the church that she attends. She does not have any contacts from either her father or her children's birth fathers. Her mother is also a single mother. She has lost the custody of her four children and lives in a shelter in poor socio-economic conditions. She does not have a high school diploma and does not want to complete her education in the future. She is unemployed and does not want to hold a job; therefore, she is dependent on welfare benefits. The last young mother is Miranda who is a 22 year-old Caucasian, has two children, both of whom are currently in her custody, and gave a birth to her first child at the age of 17. She currently lives with her second child's father and grandmother. Additionally, she receives support from her parents and grandparents. Her parents are married and she is in touch with both of her children's fathers. She does not plan to marry her current boyfriend. She does not hold a high school diploma but she plans to have a General Educational Development (GED) certificate and works as a part-time waitress in a restaurant.

Procedure

The current study took place from August 2009 to December 2009 in a family services agency in Pittsburgh, PA. The present study occurred in two stages. The first stage involved a sample of three interviews with doulas, and the second stage involved case reviews of three young mothers and twelve home visits to young mothers once a week during 4 months.

The author explained the nature of the study to the five potential interviewees. Two of them did not want to participate in the study due to their hectic and busy schedules. Three of them agreed and signed informed consents. Then the author asked to the interviewees to make home visits to three potential single mothers who are older than the age of 18. The interviewees arranged three potential single mothers and the author provided necessary information on the study and obtained informed consents from them, before the home visits were made. The duration of each home visit ranged from an hour to two hours. Each interview was conducted at the family services agency. The duration of each interview ranged from 30 to 45 minutes. Interviews were audiotaped and transcribed verbatim by the author.

Data Analysis

Grounded theory approach (Rubin & Babbie, 2008) is used to analyze the interview data. Grounded theory helps researchers understand how participants examine the world and give meaning to their behavior. Unlike quantitative methods, qualitative methods ease to find out unseen and undiscovered themes of research studies via asking in-depth questions and probes during the interviews (Rubin & Babbie, 2008). By these means, a grounded theory was chosen to explore the undiscovered perceptions of doulas' perceptions on young mothers' risk and protective factors, and aspirations in the postpartum care. Questions were open-ended, probes were used within the grounded theory method, and questions were modified as the research progressed to explore concepts and categories emerging from data. The research has answered the following questions:

1. Could you share with me your experiences about DOULA with single mothers relative to their child-birth? What has changed in young mothers' lives via DOULA in your opinion?
2. What kinds of risks did she experience relative to child-birth? How much risk did you feel she was at? What are the risk factors in her environment in your personal perspective?
3. What kinds of protectors/supports did she have relative to her child-birth? How did these involve in her life?
4. What are her inspirations in your opinion? Did she progress during DOULA process?
5. In what ways did DOULA help single mother in her life?

The author individually coded interviews. During this stage, the definitions of codes were revised and subcategories of codes were developed. The interviews were recorded and then transcribed by the author, yielding 15 pages of single-spaced text. A field notebook was written by the author to gather information and plan her agenda. Field notes are essential parts of ethnographic research (Wolfinger, 2002) and helps researchers examine what they have achieved or not, their goals, plans, and feelings (Spradley, 1980). Therefore, the author utilized field notes to expedite her goals. Due to the qualitative nature of the study, the appropriateness and validity of the sample size were determined by triangulation of the data instead of size. Triangulation occurs when researchers seek corroboration between two or more sources for their data and interpretations (Hesse-Bieber & Leavy, 2006; Rubin & Babbie, 2008), such as direct observations (home visits), interviews with doulas, and case files, and field notes.

Interview questions, transcripts, codes, themes, and field notes were revised by and discussed with the professor of the Qualitative Research Class. Both author and professor typically assigned codes to the same units of text, yet have worded the code slightly differently, even though the essence was the same. For instance, the author coded a doula comment as "single mothers' dependency on doulas" and the professor changed it as "doulas' roles as service providers." These differences were discussed to ensure the stability of coding process. Four categories emerged from the analysis. The four categories that were formed from clustering the coded data were the ways of the doula program helped single mothers, the risk factors in single mothers' lives relative to child-birth, the protective factors in single mothers' lives relative to child-birth, and the aspirations of single mothers relative to their babies. The remaining categories, that cannot be stand out alone, were placed into themes in the data reduction process (Merriam, 2009). This process yielded four themes (a) doula program is helpful for single mothers relative to child-birth; (b) social exclusion is a risk factor in single mothers lives relative to leading to single motherhood; (c) support system is a protective factor in single mothers' lives relative to child-birth; and (d) pursuing education and applying for jobs are the aspirations of single mothers relative to child-birth.

Findings

The following section provides the participants' thoughts in each of the four themes that emerged from the data.

Theme 1: Doula Program Is Helpful for Single Mothers Relative to Child-Birth.

The doula program helps young mothers nurture their babies and be aware of their resources. All doulas agreed that doula programs facilitate young mothers' pregnancies and daily lives. Doula Amanda stated that the doula programs "link them to the resources like food banks, housing, clothing, Genesis (an organization that provides shelter to the mothers), baby

clothes, diapers, baby items, local family support, and parenting classes.” Doula Kate added that “we give a ride to their appointments.” Further, home visit observations supported this theme. For instance, single mother Jessica received the baby items through the doulas which displayed that the doula programs link the mothers to the community resources. In addition, single mother Miranda received Thanksgiving items for her children in one of the home visit observations. Similarly, single mother Angela went to regular appointments for her baby’s check-up with her doula. All of these examples and expressions illustrate how the doula programs help young mothers link to the community resources. Overall, based on the case file reviews, all three young mothers mentioned that the doula programs helped them feel the support of doulas, such as helping to solve their problems, teaching how to take care of their children, and receiving baby supplies.

Based on the home visit observations, the young mothers were all collaborative with doulas. They were engaged during the sessions and shared their concerns with doulas. All mothers welcomed doulas and were ready to express their feelings or concerns, such as talking about their weekend and sharing problems about their partners during home visits. Moreover, all doulas reported that the doula programs helped young mothers be more independent and provide linkage to the other resources in their environment, such as shelters and churches. Doula Betty said that the doula programs enable “emotional support” to young mothers. Like Doula Betty, Doula Kate reported that the Doula programs help the clients “feel the support of the workers around them.”

Theme 2: Social Exclusion Is a Risk Factor in Single Mothers’ Lives Relative to Leading to Single Motherhood. The second theme that emerged from the interviews was that social exclusion is a prominent risk factor in single mothers’ lives relative to leading to single motherhood. This theme particularly was a result of single mothers with low SES. In this study, all single mothers have a background of being dependent on welfare aids in their own families, such as food stamps (Chin, 2002; Ward, 2001). Based on case file reviews, Jessica socially excluded herself from her friends and parents. She only had a support through her church. Both Angela’s and Jessica’s parents were separated and Angela was exposed to one of her ex-partner’s domestic violence. In addition, neither Angela nor Jessica has a contact with her fathers.

All doulas reported that the main risk factors in young mothers’ lives consisted of limited formal and informal support systems, domestic violence, and physical abuse. They told that Angela’s previous boyfriend abused her and he forced her to leave home. She had a mother and sister to support her while she was living in a shelter. With regards to cigarette use or substance abuse, only Jessica smoked during her pregnancy and continued smoking after the birth. Smoking cigarettes is a significant risk factor for both herself and her baby’s health.

Theme 3: Support System Is a Protective Factor in Single Mothers’ Lives Relative to Child-Birth. The third theme of single mothers’ protective factor was support systems in this study. The current literature also shows that support systems mitigate the difficulties that single mothers face with (Camarena, Minor, Melmer, & Ferrie, 1998). Both single mothers Angela and Miranda have supportive relationships with their mothers. Only single mother Miranda shared the same apartment with her boyfriend and grandmother. Similarly, single mother Angela is in touch with her mother and sister on a regular basis. Except single mother Jessica, all young mothers had a good parent-child communication. For instance, during home visits, they described their childhood memories, such as going out and cooking with their mothers and sisters. Only Jessica is in touch with church as a support system. In this study, other single mothers do not have any formal support system, except doulas. Jessica likes visiting church and she stated that she stresses out via praying.

All doulas stated that the protective factors of young mothers were the support of the families and the resources provided from Doulas. Doula Amanda described “strong family bonds” are one of the protective factors in young mothers’ environment, whereas another doula focused on “healthy parent-child communication” of the young mother as a protective factor for their babies in this study.

Theme 4: Pursuing Education and Applying for Jobs Are the Main Aspirations of Single Mothers Relative to Child-Birth. All doulas stated that young mothers wanted to continue their own education, and apply for jobs to take care of their babies in this study. Consistent with the present study finding, Leadbeater and Way (2001) stated that motherhood motivates single mothers to work outside. Of the three doulas, only Doula Betty reported that “...a lot of girls that talked about wanting to get a job and talked about wanting to go to school, but unfortunately it does not happen very often.” According to home visits and file reviews, only single mother Miranda wants to apply for a job and continue her education via getting a GED certificate in this study. Similarly, Lee and Oyserman (2009) stated that low-income single mothers who are eager to work can face many challenges that may give up on their educational goals.

Discussion

In this study, the perceptions of doulas on single mothers’ risk and protective factors, and their aspirations in the postpartum care were explored. Some gaps in the current literature related to this study include the following: (a) only one study addresses the protective factors and aspirations of single mothers; (b) most studies were conducted on doulas as a support for single mothers.

First, in the only study in which researcher focused on single mothers’ protective factors and aspirations, the researcher examined that social support and holding jobs are significant in single mothers while raising their babies (Ward, 2001). Results of data analyses indicated that overall, single mothers were dependent on governmental financial aids. Additionally, single mothers have benefited from social supports (peers and family) and formal supports. According to Ward (2001), work schedule cannot leave time to pursue their education.

Next, the studies that exit on doulas were only about doulas’ continuous support for single mothers in numerous aspects. The results show that doulas’ continuous support is beneficial to women in postpartum care. All doulas believe that the doula programs enable the mothers to link to their community services, such as family centers. One of the aspects of doula support is offering information to women and their families (Meyer, Arnold, Pascali-Bonaro, 2001). Of the three doulas interviewed, there was only one doula who told that doulas help single mothers for transportation and support them emotionally in the current study. One of the aims of doulas is to promote mothers emotional support (Simkin, 2003) and transportation to services (Low, Moffat, & Brennan, 2006). Moreover, all doulas told that the most important service provision was to help them connect with the appropriate community services around them, because most of the time, the single mothers do not have enough knowledge from where and how to obtain accurate services in this study.

In the present study, social exclusion is a risk factor of single mothers relative to child-birth according to doulas. All doulas described the risk factors as limited family support and connection to the community resources, and domestic violence or physical abuse. Social exclusion is the disintegration with family, friends and the larger community. All doulas told that young mothers do not have enough informal and formal supports around them. Hence, social exclusion is a risk factor for becoming isolated socially after becoming single mothers.

This exclusion exists when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, and poor housing breakdown (EPPI-Centre, 2006, p. 5).

Support systems of single mothers are salient protective factors relative to child-birth. All doulas stated that family support (Lerner, 2006; Martinez-Garcia, 2010; Williams & Davidson, 2004) and doula support (Chavkin & Gonzales, 2000; Lerner, 2006) are salient protective factors of single mothers relative to child-birth. Case files review and home visit observations supported the doulas' perceptions on single mothers' protective factors (strong family bonds and doula support) in this study. Family connectedness and professional support may provide young mothers many benefits, such as a sense of belonging, higher expectations for parenting and overall achievement (Busch, 2002).

Finally, of the single mothers' aspirations, the most important one is to have a healthy baby and live together based on doulas' responds. Doulas mentioned that the single mothers' aspirations are to continue their education (Low, Moffat, & Brennan, 2006; McGaha-Garnett, 2008; Woodward, Fergusson, & Horwood, 2001; Wellings et al., 2001) and career development (Cambell-Voytal, McComish, Visger, Rowland, & Kelleher, 2011) and bearing healthy children. Unlike other participants' responds, one of them told that single mothers sometimes cannot pursue their education. Rumberger and Larson (1998) stated that although many single mothers are eager to apply for an alternative school due to pregnancy-related illnesses, desired self-pace in learning (Turney et al., 2011), and increased feelings of safety, they are less likely to finish high schools as one of the doulas' statement in the current study.

Recommendations for Future Research

Limited research exists on doulas' perceptions on single mothers' risk and protective factors, and aspirations relative to their child-birth. First, the author recommends replicating this study with a larger sample of doulas and single mothers with different SES in order to compare and contrast perceptions related to single mothers' child-birth. Since there were only three doulas in the agency for a limited time of period, the study does, however, bring a picture of the risk and protective factors, and aspirations of the single mothers relative to child-birth of this study who gave birth before the age of 18.

Next, it will be beneficial to study on various cultural groups. In this study, all doulas were Caucasians and one of the single mothers was African American while the others were Caucasians. Future studies could include single fathers and mothers of different races, cultures, in order to explore the perceptions of doulas single mothers' risk and protective factors, and aspirations relative to child-birth in the postpartum care.

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