

Ethical care for teenage mothers and the importance of spirituality

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This paper explores the ethical meaning of care and how this functions in the specific context of teenage motherhood in Dutch society. Both empirical data gathered at a Dutch care centre, and relevant literature were used for this article. After a short review of the statistics, the problems of teenage mothers are discussed to understand the difficulties and needs they face. Using Tronto's view of care, it is possible to extract some advice about ethically sound care for teenage mothers. Tronto explains that ethical care aims to maintain, continue and repair the world of the care receiver. This can be achieved by fulfilling the needs of teenage mothers. Of their many needs, research has shown that their most significant needs include a sense of direction in life, as well as the capacity to control personal boundaries. Tronto refers to the importance of paying attention to the spiritual needs of teenage mothers in the caregiving process. She argues that the aim of care involves forming a coherent view of the past, present and future, as well as an understanding of the place and purpose of one's own being in the world. Applying Tronto's view on care to the (often conflicting) needs of teenage mothers, I emphasise integration of their needs into a coherent view of themselves and the world around them. This allows their condition to become more acceptable and bearable for them. Feeling at peace in the world can help teenage mothers to cope with the tasks that they have. From my empirical data and the literature on care ethics, the need for spirituality as an important factor in the care for teenage mothers is apparent.

[ethics of care, teenage mothers, spirituality, The Netherlands]

This paper explores the ethical meaning of care and how this functions in the specific context of teenage motherhood in Dutch liberal society. First, the problems of teenage motherhood are explored. After a short review of the statistics, the tasks of teenage mothers are discussed to understand the difficulties and needs arising from teenage motherhood. Following this, the focus shifts to Joan Tronto's concept of care; Tronto is one of the leading ethicists in current care ethics debates. This article brings forth some advice relevant to ethical care for teenage mothers. Finally, some limitations to the realisation of full ethical care for teenage mothers in Dutch society are discussed.

Background of the research

In 2005-2006, I conducted explorative research for a Master of Applied Ethics. The scope of the research was to analyse in which way the ethics of care, supported by society, can help teenage mothers to cope with their new responsibilities. The definition of teenage mothers used in this article is “girls between 13 and 19 who have become pregnant and have chosen to carry the child.” The focus on teenage mothers derives from my empathy with these girls in their fight to learn and survive in the specific context of motherhood. They are generally dealing with heavy demands and important tasks, and need to develop quickly in order to deal with the situation. Besides the problems for the young mother, there is the challenge to secure a safe start for the baby. It is of great importance that teenage mothers learn to cope with these issues in order to grant both the young mother and the new-born child good development.

Through my research, I endeavoured to analyse care ethics in order to contribute to the qualitative development of care. The methodology was multi-disciplinary and contained both empirical data gathered in 2006 and a study of the relevant literature. To retrieve information about the position of teenage mothers, I carried out a case study of teenage mothers and caregivers at the Mi Oso es Mi Kas (Surinamese and Papiamentu, meaning: my house is my home) care centre in Amsterdam. This care centre has closed her doors in 2007 for financial reasons. Twelve in-depth interviews were conducted with open questions that led to data that is mainly presented in the paragraph referring to issues of teenage mothers. Also, I attended several group meetings with teenage mothers in order to increase my understanding of the way in which Mi Oso es Mi Kas operates. To enhance the quality of the outcomes of this case study, I included sociological and psychological studies in my research. The ethical studies mainly consist of care ethics literature, since this form of ethics pays close attention to emotions, motivations, and processes of interaction. These are important factors in the care of teenage mothers. I focus solely on the specific contribution of care ethics to the case of teenage motherhood at the Mi Oso es Mi Kas care centre.

The scope of this article has some limitations. First, the article primarily discusses the care for teenage mothers and not the care for their children, while the children of teenage mothers are not less important. The lack of attention for these children is not out of less concern for them, but derives from the assumption that caring for teenage mothers is *most often* also the best way to take care of the child. Second, there is little attention paid to the role of the partner of the teenage mothers (who can be both the biological father and/or the current partner). The reason for this is that the girl is most often the one who assumes the main responsibility for looking after the baby, while the position of the father or partner differs extensively. It would be very interesting to study the specific care needs of teenage fathers in order to support them properly. This however merits additional study. Third, the study does not include research on the specific background of the girls' home situation, although the ethnic, familial and cultural context of teenage motherhood would be very interesting to research. As far as I am aware, there is little research on this topic in the Netherlands. Fourth, I chose

to restrict the research to the field of care ethics and no other forms of ethics in order to focus on how care ethics would be applied to a concrete case in society; in this case, teenage mothers.

Teenage mothers in The Netherlands

Research from the Central Office of Statistics has shown a constant decrease of births by teenage mothers in recent years, from 3,569 in 2002 to 2,540 in 2007 (Garssen 2008). This number is low in comparison to other countries, and is a trend that is both currently and historically observed, even though it fluctuates. The period from the 1950s to the 1970s shows an increase in the number of teenage mothers. Before the 1960s, there was relatively little attention given to the specific group of teenage mothers by the government or care institutions, apart from FIOM, a federation of institutions for unmarried mothers and their children. A decrease in the number of teenage mothers during the 70s and 80s corresponded with the introduction of contraception, between 1970 and 1995. This was followed by an increase in the period 1995-2002 and then a decrease during 2002-2007. This has resulted in a stabilisation in the number of teenage pregnancies, at approximately 2,500 a year. With only 5.2 births per 1,000 girls (between 15-19 years), the Netherlands has one of the lowest teenage birth rates in the world (Wiemann, in Menger & Jhinkoe-Ra 1997: 57-58; Garssen 2008).

The cultural and ethnic backgrounds of teenage mothers in the Netherlands are quite diverse. The following numbers from the Research of the Central Office of Statistics, present an overview of the situation in 2007 (Garssen 2008):

Table 1 Ethnical background of teenage mothers under 20 years (2007)

Dutch (teenage mothers whose parents have both been born in the Netherlands)	1,489
Western (teenage mothers who have one parent born in Europe (excluding Turkey, North America, Oceania, Indonesia or Japan)	272
Non-Western (teenage mothers who have one parent born in Africa, Asia, Latin-America or Turkey)	779
<i>of whom:</i>	
- Turkey, 1st and 2nd generation	76
- Moroccan, 1st and 2nd generation	85
- Surinam, 1st and 2nd generation	206
- Antillean/Aruban, 1st and 2nd generation	146
- Other backgrounds, 1st and 2nd generation	266
Total births	2,540

The higher numbers are probably related to cultural differences rather than sexual education (Menger & Jhinkoe-Rai 1997: 14).

Issues for teenage mothers and society

Teenage mothers often have a difficult time dealing with pregnancy and the extending consequences. They have to succeed in accomplishing numerous tasks that require a great deal of effort. Both the literature and empirical data extracted from interviews with teenage mothers, and participation during group meetings in *Mi Oso es Mi Kas* (2006), resulted in many responsibilities being identified that I have grouped into five main tasks. First, the teenage mother needs to take responsibility for her life; second, she needs to continue her search for identity as part of her development into adulthood; third, she needs to develop maternal skills; and fourth, she has to find a way to deal with the conflicts that result from these three tasks, as in the search for identity and the unavoidable maternal tasks. Then there is the responsibility of society to help and care for the teenage mother and the child in order to complete the aforementioned tasks when the teenage mother cannot manage these by herself. Let's review each of these tasks more closely.

First, teenage mothers need to take responsibility for their lives. After becoming pregnant and making the decision to carry the child, they have the responsibility to take care of themselves and their child, to the extent that they are capable. Taking responsibility for herself includes satisfying her basic needs like food, and shelter, as well as the ability to access healthcare, education and/or work. The fact that a teenage mother is still young and immature does not eliminate her need to take responsibility for the consequences of her behaviour. Denying responsibility for becoming pregnant by not taking care of the child will have detrimental effects on the child. Primarily, a teenage mother must be responsible for herself. In the *Mi Oso es Mi Kas* care centre teenage mothers indicate that they find motherhood hard, difficult, lonely and emotionally burdensome. They feel dependent and pressured at the same time and frequently ask for help. They experience many problems while being in a weak position. However, at the same time, they also have positive experiences; teenage mothers characterise themselves as being brave and lucky. In positive situations they feel strong; they can take care of their child properly, and have self-confidence. While vulnerable, they also feel energetic. By taking responsibility for their actions, they develop their personhood. The literature underlines that the positive consequences of teenage motherhood are expressed through powerful self-perception (Heesterman, in Menger & Jhunkoe-Rai 1997: 147-150). The Director of the *Mi Oso es Mi Kas* emphasises the importance of offering teenagers some help to see and understand their responsibilities. As he explains, teenage mothers often don't have the ability to properly evaluate situations and find it difficult to foresee the consequences of their behaviour. The literature emphasises this argument. Van de Voorde (2004) argues that teenagers often cannot oversee the world they are living in; they miss the 'big picture' of how the world relates to them and how they relate to the world. It is important to emphasise that teenage mothers cannot be held fully accountable in the way that an adult can be held accountable. Moreover, even many adults are incapable of overseeing the world they live in.

Second, teenage mothers experience a difficult search for identity. As teenagers, they have not yet fully discovered their identity. They need to centre on themselves in

order to find answers to the questions of who they are, where they come from (facing the past) and who they want to become (directing to the future). Both the Director and several teenage mothers from *Mi Oso es Mi Kas* underline the need to know who they are. Researching their past is accomplished by group meetings that discuss the various cultural backgrounds of the teenage mothers. The Director highlights the importance of knowing one's culture and past in order to develop a better understanding of identity. The work of psychologist Erik Erikson explains the development of identity by teenagers more profoundly. In Erikson's theory, the development of identity is crucial to become a well-developed and mature adult. A teenage girl has to fulfil certain tasks in order to develop her identity and the way she fulfils these tasks will profoundly influence her life. For example the development of capacity for sexual intimacy, affectionate love and deep friendship without fear of losing identity. Erikson states that teenagers have not fully developed their identity yet and therefore do not yet know who they are or what they stand for (Erikson 1968: 128-135; Muuss 1996: 43-46). Observation of teenage mothers in *Mi Oso es Mi Kas* exemplifies this statement.

Third, teenage mothers need to develop maternal skills in order to take proper care of their child. In *Mi Oso es Mi Kas*, teenage mothers receive coaching in order to acquire maternal skills. Care givers from the local Public Health service teach them what the child needs and give pedagogical advice. The realisation that the child has needs, is vulnerable and cannot survive without being cared for, can be perceived as both a burden and a blessing by the teenage mothers. Erikson (1968: 96-107) states that a baby, in the first stage of life, needs to develop trust; both an ability to trust others and a sense of one's own trustworthiness. The main way that a baby experiences this is through the mother, since that relationship is reciprocal. The mother's primary task is to provide for the child's needs. *Mi Oso es Mi Kas* helps the teenage mothers to carry out this task with practical support, and the development of self esteem.

Self-awareness and self-confidence in one's own judgments are important for the child's ability to trust the mother, as well as the development of the child in the later stages of life. But many teenage mothers feel uncertain and insecure, not yet knowing who they are, or which norms and values they view as important in their personal behaviour, actions and choices. The available literature states that the love and attachment that a mother feels for her child helps her to do well. Feeling this love also helps the teenage mother as she develops an attachment and commitment to this new-born life. For example Ruddick states, "The loving quality of the attachment and tenderness that inspires it, together provide both the crucial motivation and the perspective for mothering" (Ruddick, in Bowden 1997: 37). Ruddick further states that experiencing these feelings and motivations is something that goes beyond the search for identity, since it is connected with the authenticity of the mother's being. This coincides with the positive experiences of teenage mothers regarding their motherhood. Bowden states that, "all mothering is a realm of potentiality to which all women are in some way accountable" (ibid.: 23). This suggests that teenage mothers possess the ability to cope.

Fourth, *Mi Oso es Mi Kas* exemplifies how teenage mothers need to deal with the role conflicts of being a teenager and a mother at the same time. For example, they

want to go out and meet friends, but also have to deal with the babies requirements of sleeping and eating regularly. The attitudes, norms and values that are specific to these two stages in life are often opposing, but must be unified in a single person. Vanmechelen, a Belgian caregiver, made a table of frequent role conflicts (see table 2). As a teenager, the girl needs to work on self-development, to continue her search for identity and take general care of herself. However, pregnancy forces the girl into a position where she must take responsibility for her situation and acquire the maternal skills necessary for the care of her child. This can often lead to another issue, the growing conflict between the differing mother and teenager roles. In *Mi Oso es Mi Kas* this role conflict is very apparent. Teenage mothers often feel trapped between their motherhood duties and their own needs to meet others, get to know themselves, etc. This causes tension and accomplishing the specific tasks that are a part of teenage life is often difficult, even without motherhood. The same rationality can be applied to motherhood. It takes time, experience and life skills to acquire the competency to fulfil the tasks that are part of both teenage life and motherhood. During this period of learning, it is the task of society to give them the space and support for becoming teenage mothers who can carry out their tasks well.

Table 2 Differences in acquired attitudes of teenagers and mothers, which often cause role conflicts

<i>Teenager</i>	<i>Mother</i>
Attention for herself, egocentric	Attention for her family
Responsible for herself only	Responsible for her family
Is still raised, educated and supported	Is responsible for raising, educating and supporting her children
Searches for her own identity, for which the group is important	Finding identity in herself, and in her family
Concerned with her appearance	Concerned with the wellbeing of her family
Life is here and now; adolescent is not concerned, but at the same time concerned with details	Integration of the past, present and the future; contains the whole
Dreams of the future are often unrealistic	Dreams of the future are realistic
Experiencing	Concerned with all family members when making choices
Impulsive	Taking her family members into account when making choices
Divergence in energy impulses	Regulating energy
Extreme emotions	More independent in emotions

Source: Vanmechelen 2002: 3.

Therefore, the fifth issue is the obligation of society to take responsibility for the care and wellbeing of the teenage mother since they are citizens of their society and, as a

consequence, deal with the stress this places on society as a whole. In the Dutch legal system, the parents of the teenage mother are primarily responsible for the wellbeing of the child. If the parents do not take that responsibility, society intervenes in order to protect the wellbeing of the teenage mothers by assisting her in taking care of their children. In an ideal situation, care can help teenage mothers to fulfil both the needs of being a teenager and a mother, including the development of their identity as well as parenting skills. In the view of *Mi Oso es Mi Kas*, it is important that society takes the responsibility of providing assistance, especially since the child is vulnerable and dependent. However, it is still difficult to define what care should be given by society and which of the teenage mothers' needs should be met. Obviously society cannot assess all of their needs. Additionally, the needs of people cannot be generalized, because the needs themselves and the ways they should be met are culturally and personally bound. Since the cultural and ethnical background of teenage mothers is so varied, this presents a challenge in practical reality. From a theoretical perspective, Tronto states that each society has to indicate general needs in political policies, and balance these general needs in the political context and the concrete needs in concrete caring processes including the ways these should be met (*ibid.*: 137-141). However, it is difficult to establish what the minimum basic needs are.

Care for teenage mothers in *Mi Oso es Mi Kas*

Before studying ethics of care in a more theoretical sense, it is good to have some insights in the specific care that *Mi Oso es Mi Kas* offers. *Mi Oso es Mi Kas* was founded in 1986, and has helped more than a thousand teenage mothers in the last 25 years. The care centre aims to help reintegrate teenage mothers into Dutch society until the age of 23. Irrespective of their backgrounds, the aim of *Mi Oso es Mi Kas* is to support the young mothers in order for them to function well in society, which means being independent, self-directing and able to take advantage of the opportunities they have to develop themselves both personally and socially. *Mi Oso es Mi Kas* aims to guide the girls to being more capable of directing their lives and improving their position in society. To help teenage mothers to become independent, the care centre works on three levels: first, the project offers help services, like counselling to solve or diminish problems, e.g. by preparing pregnant teenagers adequately for the birth, future motherhood and the impending responsibilities. Second, there is the aim of empowerment, wherein teenage mothers cooperate in the creation and acceptance of opportunities which allow them to see further possibilities for self-development in e.g. work and education. Third, the care centre has a prevention aim focused on developing the consciousness of teenage girls (and boys!) with regard to the consequences of teenage motherhood and teenage fatherhood in order to prevent teenage pregnancies. In general, *Mi Oso es Mi Kas* aims to make teenage mothers independent, to improve relations with the father of the child and to provide practical training.

To accomplish this, teenage mothers follow a trajectory of three phases. The time spent at *Mi Oso es Mi Kas* begins with an intake phase (three to six months) in order to

take care of the material needs of the girls, starting with housing, income, childcare and health insurance. At the same time, the girls undergo training and counselling, reflect on their career goals and participate in workshops. During this stage, teenage mothers have already become conscious of their responsibilities and are stimulated to actively seek solutions. They are not allowed to transfer their problems to the institute, since it sometimes seems easier for them to ask caregivers to take control of the situation. Instead, they have to deal with their problems themselves. The teenagers are stimulated to become conscious of their responsibility for being both the owner of the problem as well as the solution. If a girl is not being cooperative and does not take her responsibilities seriously, care may be required to coach her how to accept her responsibilities.

In the second phase (four months), *Mi Oso es Mi Kas* continues with a training phase in which the girls are assigned a mentor. With the help of courses, workshops, practical apprenticeships, counselling and training weekends organised around a specific themes, the girls are stimulated to strengthen their identity and capabilities. Often, *Mi Oso es Mi Kas* will try to reintegrate teenage mothers into the secondary school system, since many girls have not completed this part of their education. In the view of *Mi Oso es Mi Kas*, a diploma is essential to finding and maintaining a job.

The last reintegration phase (six months) includes an evaluation of the mothers' financial situation with the mentor, as well as placements into (subsidised) jobs, job training, training weekends and mentorship. *Mi Oso es Mi Kas* offers effective therapeutic and psychological help. Examples of the activities that the care centre organises include theme evenings in cooperation with several organisations, information evenings, girls talk (for girls between 12-18 years old), communications training, group conversations, pedagogical support, excursions, workshops and even holidays for the mother and her child.

To offer the girls the help they need, with a focus on strengthening self-esteem, the care centre tries to strengthen ties with the broader society. The vision of *Mi Oso es Mi Kas*, having an Afro-centric approach, sees the community as the most important part of unity. A significant expression is "It takes a village to raise a child." While there are many broken families in Afro society, the care of children (and elders) is the concern of the whole community. Teenage mothers are taken into the fold of responsibility by extended families and the caring process includes people of all ages, from both the mother's line and father's line. They are stimulated in their awareness and empowerment with the help of the VOKA model. VOKA stands for recognition (facilitated self investigation), discovery (gather insights and see possible solutions), choices (bringing solutions, making steps) and finishing (realisation of the solution, evaluation and reflection). Empowerment is stimulated by motivation to independently respond to problems, both in self-responsibility and self-development; action learning, gaining insight into which behaviour contributes to the solution of problems and which behaviour works negatively; and coaching towards full development. Specific projects include the child-mother project and the dance-theatre project, where the development of the mother's capacity to take care of her child, as well as the interaction between the mother and child are stimulated. *Mi Oso es Mi Kas* specifically tries to include the father in the project.

Having established some main tasks for teenage mothers and society in the care of teenage mothers, and having an impression of what care is provided to teenage mothers by *Mi Oso es Mi Kas*, I will now shift the focus to ethics of care. What is the ethical meaning of care? How does this meaning function in the specific context of teenage motherhood in Dutch liberal society? Can the insights into ethical meanings of care for teenage mothers help Dutch society to offer the care that teenage mothers require?

Care from an ethical perspective

For this analysis, I use Joan Tronto's definition of 'care' as a point of departure. She describes care as:

... a specific activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That 'world' includes our bodies, our selves, and our environment, all of which we seek to interweave on a complex, life-sustaining web (Tronto 1993: 103).

I selected Tronto's definition because it is highly relevant to the specific situation of teenage mothers. Tronto refers specifically to the need to restore 'the world' of the care receiver. In my opinion, it is precisely 'the world' of teenage mothers that is at stake because of the tasks that they have to fulfil, and the need to comprehend their role conflicts in order to establish coherence and balance in their 'world'.

There are four important features of Tronto's definition. The first feature is that care is not restricted to human relations, but also includes objects and the environment. However, literature most often speaks about care as a relationship between people, although excluding other forms of care from the discussion would risk romanticising care. Second, care is neither relational nor individualistic, since care also functions politically and socially. Third, Tronto argues that care is largely culturally defined. Care should always be interpreted within the specific cultural context of the persons involved. Fourth, care is expressed both in caring processes and single activities. This activity involves "taking the concerns and needs of the other as the basis for action" (Tronto 1993: 103). Caring activities can only be effective by having the right caring attitude and the right caring disposition. The attitude of caregivers should be open to the care receiver out of concern for her wellbeing. The caring activity, attitude and disposition make up the broader processes of caring.

Exploring the use of this definition, Tronto distinguishes four phases that are part of care: caring about, taking care of, caring for and care receiving. 'Caring about' refers to a general feeling of taking responsibility, without immediate concrete action by the person. It often involves indirect help, for example, caring about a neighbour by ringing the home help nurse who may come and care for him. 'Caring about' can take place over long distances and can, for example, also include policymaking and division of financial resources in order to balance the provision of care. The

other three phases of care that Tronto indicates are more direct forms of care, existing through personal interactions between the caregiver and the care receiver. 'Taking care' involves caring for someone in the relational sense, an interactive process. 'Caring for' refers to care with a more specific, concrete character, and often includes one or more persons. Both phases aim to improve the wellbeing of the care receiver. 'Care receiving' refers to the confirmation of the caring process by the care receiver, through responsiveness (Van Hooft 1995: 32-35; Tronto 1998: 347).

In caring relationships, reciprocity and commitment are of utmost importance. The caregivers should be competent in the way they give care, attentive to the needs of the care receiver and able to take responsibility for her wellbeing. It is important that caregivers have the right motivations, emotions and reasons behind the caring activities, and – this is the field of care ethics – their behaviour is accompanied by ethical reasoning, and preferably with sympathy and humour (Tronto 1998: 347; Bubeck, in Noddings 1984: 18).

Now onto addressing the aim of care. This generally comes from the concern for the wellbeing of other human beings. Nel Noddings states that this concern is fundamental to human existence. Human beings are social and relational by nature and therefore human life is, in essence, a relational configuration. This makes every human interdependent and committed to other people (Noddings 2002: 14). This commitment to other people shows concern for the wellbeing of others. Commitment can only be achieved by a shared aim. In Tronto's view, the aim of care is being, or becoming well. She defines 'being well' as being in good condition, including the person's feelings, thinking, doing and existence. Becoming well is an effort to meet the other, including her total being, in order to understand what is not well in her being and to help her to improve her situation. In this action, the caregiver enters the being of the other in response to the request for help (Tronto 1993: 102).

Ethical care for teenage mothers

By comparing the concept of care from a care ethics point of view with the actual care that is given at the Mi Oso es Mi Kas care centre for teenage mothers, some specific insights can be extracted. The implication of using Tronto's definition of care suggests that ethical care for teenage mothers is about restoring the world of teenage mothers, and therefore helping them to accomplish the tasks that are discussed in the first part of this article. Because of the importance that Tronto places on 'restoring one's world', the importance of giving attention to the spiritual needs of teenage mothers becomes apparent.

In explaining the use of the term 'spirituality', I mean the "deepest values and meanings by which people live" (Sheldrake 2007: 1-2). A main spiritual need of people generally is the desire to live a meaningful life. What is called 'meaningful' can be religious or not; the essence is found in a coherent view of the past, present and future (Erikson 1968). Teenage mothers are challenged by the need to find answers to existential questions and their task is to integrate their world, which means both

coherence in their notion of the past, present and future, as well as coherence of the will and behaviour of the teenage mother. These are both spiritual needs. As Waaijmann (2002: 1) states, spirituality can provide inspiration and orientation in life. The attention for the spiritual needs of the teenage mother helps her to make the transfer from adolescence to adulthood by developing identity. The integration of the self in the world is essential for living a meaningful life. In the end, both care receivers and caregivers are, as all human beings, part of a spiritual context (Gastmans 1998: 165). Their view to this spiritual context should be respected.

It is interesting to analyse the spiritual dimension specifically for each of the tasks that the teenage mothers have to deal with, which have been explained previously. Paying attention to the spiritual needs of teenage mothers can help them to accomplish their tasks.

Deep values and meaning help teenage mothers to take responsibility for the situation in which they find themselves. Teenage mothers need to organise their lives in the sense that they require a place to sleep, may need to finish their education and also need to work to support their lives. Not an easy task for a teenager who is not yet an adult. Care that helps the teenage mother to fulfil these tasks can take the form of coaching to manage the administrative, financial and logistical responsibilities that the teenager has to undertake; but that is not all. A key point in the fulfilment of these tasks is identifying deep values and meaning. Living in accordance with what is meaningful to them raises the awareness of teenage mothers to their actual behaviour and decisions. Identifying personal values and meaning also enables a teenage mother to deal with freedom. She becomes more aware of her aims, views, needs, behaviour, and actions as well as situations that will require her to protect her boundaries. Knowing what is important in her life and what she desires encourages her to take responsibility for the situation in which she finds herself. Relating this idea to ethical care, it seems crucial to pay attention to the spiritual dimension of the lives of teenage mothers. Care that supports teenage mothers in identifying their values and meaning, might contribute a lot in relation to dealing with other tasks as well.

The second task is the difficult search for identity. Having an idea of meaning and direction is valuable for teenage mothers, as it gives them the tools to successfully navigate through their adolescence. The integration of their own perceptions of their past, present and future helps them to develop an identity that gives them direction in life. At the same time, one should be aware that discovering identity requires exploration. Since teenagers are most often in the process of developing their identity, one cannot just 'accept' that an identity is sustainable. Identity development is a difficult task, with or without having a baby. What care can do to be ethical, is to support this identity development by talking, coaching and helping to create opportunities for the teenage mother to experience different settings.

The third task is to develop maternal skills. Tronto's 'world' refers to the importance of motherhood as part of the teenage mother's identity and daily life. Caring for the child means that the mother needs to protect her child and take care of herself. Therefore she must have the ability to put limits on certain situations and provide the protected and stable environment that the child needs. Becoming more aware of what

is meaningful in their lives and which related moral values and norms are important for them, gives the teenage mothers incentives for their actions and decisions. When their actions coincide and give them a more coherent view of who they are, what they want in life and how they relate to the world, it means that their world becomes both more coherent and more meaningful. As stated before, finding out what is meaningful in their lives and which related deeper values, e.g. friendship, truthfulness, care, etc., is important to them and will give them direction in behaviour and decision making. Even by having conflicting roles and needs, the coherence in their lives makes the situation fundamentally acceptable. Having a place in the world and feeling at peace helps a teenage mother to cope.

Finally, controlling boundaries by finding direction in life strengthens a teenage mother's moral integrity and helps her to deal with the fourth task. Coherence and integration of the different aspects of herself, her actions, her will and the world around her, correlates with Tronto's definition of care, which aims to integrate and 'restore the world' of the care receiver. In a 'restored world', teenage mothers feel more at peace with themselves and the situation which they are in. In order to achieve 'a restored world', caregivers can offer support tools and insights to deal with the issues that are presented. Care that helps to integrate the self of the teenage mother and her being in the world beyond, has positive effects such as hope, courage, trust and peace. The basic ability to feel at peace in the world helps a teenage mother to cope. Despite the conflicting roles and needs, giving attention to the spiritual needs of teenage mothers and aiming to increase the coherence in their lives by identifying values and meaning, makes the situation fundamentally more acceptable.

Conclusion

This article calls attention to the spiritual needs of teenage mothers, referring to the deeper values and meanings by which teenage mothers, and other people, live. Offering meaningful models and giving direction in the processes of life can make it easier for teenage mothers to successfully integrate into their world. Care can provide tools to support teenage mothers in repairing their world, as Tronto's definition of 'care' demands. An integrated wholeness of both their self-concept and the world will help teenage mothers to fulfil their spiritual needs. This article argues that care might become more effective by increasing the attention to spiritual needs. As a suggestion for further research, it would be interesting to study the specific role of spirituality among teenage mothers, as well as in other groups in society, and explore how cultural and spiritual dimensions in care for teenage mothers can be developed. Further research about the tools and methods that are appropriate for realising this aim are also required.

The study also revealed limitations of ethical care. Providing full ethical care is quite idealistic and practically impossible given a number of limitations. To conclude this article, I present two limitations that Tronto discusses in her work in an applied form in response to the situation of care for teenage mothers in Dutch society.

First of all, care centres cannot provide for all of the needs of teenage mothers. Generally, the needs of people are endless, and resources in society are limited. This is a reality that society, including teenage mothers, has to deal with. There is no direct solution to this problem as the discrepancy between needs and resources will always exist in some manner. The policies of the Dutch government aim to maximise the effectiveness and efficiency of care, and the effectiveness of care is most often nowadays measured by quantitative indicators, as in the number of consultations. This article focuses attention on the search for meaning and identity in order to fulfil the tasks of teenage mothers. Since the effectiveness and efficiency outcomes of these 'softer' forms of care are hard to measure in quantitative results, these forms of care are less interesting to the government. The *Mi Oso es Mi Kas* care centre has fought for many years to receive financial support, since the government has problems subsidising this form of care. The effectiveness of care for teenage mothers, which includes attention to the search for meaning and identity, is not axiomatic for government institutions.

The second aspect of this first issue is that care is culturally and personally bound. Even while the caregiver is attentive, this does not ensure that the needs of teenage mothers are sufficiently recognised. Anthropological insights demonstrate that social and cultural background colours one's worldview and as a result, people are often unable to see 'black spots' – areas that are hidden by their cultural perspective. Open discussions about one's worldview, reflection, and analyses are necessary to decrease those 'black spot' areas. However, people are still often without the ability to fully overcome the differences in world views. Further, not only the needs of the care receivers, but also the approaches to meet those needs differ between individuals and societies. Social and cultural differences between care givers and teenage mothers can easily give rise to additional difficulties in trying to provide effective care. Dutch society seems to substantiate this hypothesis. Statistics show that most teenage mothers have an Antillean and/or Surinamese background (Garssen 2010). The cultural differences between teenage mothers and caregivers might be at stake here or create barriers to the provision of effective care. The process of interculturalisation of care in the Netherlands is very slow, even though there are a wide variety of cultures present in modern Dutch society. Although more structural effort for the interculturalisation of care was recommended by the Advisory Board for Public Health and Care (RVZ 2000) in 2000, the development as such, has been limited. As Piessens, Sinneave and Suijs state, the interculturalisation process has been limited to improving the access to care for 'other' marginalised groups, like poor and homeless people. Therefore the full meaning of intercultural care, in which shared learning and development is central and where caregivers and care institutions take steps to enter the world of the care receivers, is not met (Piessens, Sinneave & Suijs 2004). Further research into specific care processes for people with different cultural backgrounds can offer valuable insights for the future.

As shown by the focus of Dutch society on effective and efficient care, money and time in caring institutions are scarce commodities. Priority is given to the needs that are most prevalent for the teenage mother's child, like finding a proper place to live, the organisation of finances and time, and emotional support. Spiritual and moral

needs often receive less attention. At the same time, the care that caregivers provide is effective and necessary. Many caregivers and care institutions in Dutch society enhance the social capabilities of teenage mothers through training, workshops and by stimulating the girls to restore relationships with their families. New steps in the development of care might include exploring cultural knowledge and discussing subjects related to meaning and identity, which will further assist caregivers in helping teenage mothers to assess their individual needs.

Note

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