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Attitudes of Midwives towards Teenage Pregnancy and Motherhood in an Urban Specialist Hospital in Jamaica

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Abstract

Introduction: Teenage pregnancy and motherhood have been portrayed as crisis with negative social, emotional, physical, health and economic consequences. It has been noted to be one of the causes of delay in the accomplishment of the Millennium Development Goals (MDG**s**) one, four and five. Midwives play a critical role in promoting the wellbeing of pregnant mothers irrespective of age. Hence, their attitudes may impact the quality of care rendered to this vulnerable group.
Objectives: The study explored the midwives' attitude towards teenage pregnancy and motherhood and the demographic predictors of their attitudes.
Method: A quantitative cross sectional study was conducted. A census of all midwives (n=72) practicing in a maternity hospital in Kingston, Jamaica was done, using the "Positivity Towards Teen Mothers" questionnaire. Statistical analysis was done using ANOVA and its significance tested using Pearson's Chi square.
Results: Results revealed that 44.4% of midwives have positive attitudes, 43.1% negative and 11.1% neutral attitudes towards teenage pregnancy and motherhood. However, there is a significant relationship (p= 0.039) between their years of experience, presence of teen mother in their family and their attitudes.
Conclusion: Although majority of the midwives had positive attitudes, still several midwives had either negative or neutral attitudes, therefore midwifery curriculum could be strengthened to foster professional values, patient-centered and respectful care to this vulnerable group.

Key words: Attitudes, Midwives, Teenage Pregnancy, Motherhood

1. Introduction

Globally, adolescent sexuality, pregnancy and motherhood are a highly charged social, health and moral issue**s** (Warenius, Faxelid, Chishimba, Musandu, Ong'any, & Nissenfet, 2006). This may be due to the cultural and social demands, values and expectations regarding the initiation of sexual activity at a younger age (Anderson, Jerkins, Koo, Yao, Walker, Davis & El-khorazaty, 2011). Similarly, it has been portrayed as a crisis with negative social, emotional, physical, health and economic consequences (Center for Disease Control (CDC), 2012).

Annually, especially in developing countries 7.3 million girls under the age of 18 give birth (United Nations Population Fund (UNFPA), 2013). UNPFA further postulated that it is an important factor in the perpetuation of poverty, maternal and child morbidity and mortality which are 50% higher in teenagers when compared to older women (UNPFA, 2013).

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Although there is a global decrease in the prevalence of teenage pregnancy and motherhood, the prevalence in Latin America and the Caribbean is still high and was ranked third globally (United Nations Children Fund (UNICEF), 2007). There is an increasing global demand for improving sexual and reproductive health of adolescents (WHO, 2009). This is because teenage pregnancy and motherhood has been noted to be one of the causes of delay in the accomplishment of the Millennium Development Goals (MDGs) one, four and five (UNICEF, 2007) due of its consequences. Literature suggests that attitude influences behaviour (McLeod, 2009), therefore it may impact the quality of care provided by the midwives to pregnant teen and mothers. Many cultures and societies perceive teen motherhood as an acceptable social norm (Rowlands, 2010), whereas others perceive them as a problem/disaster thus, they are treated as such (Amy & Loeber, 2007). Midwives play a holistic critical role in promoting the physical, social, and emotional wellbeing of pregnant mothers and babies, as well as preventing complications and consequences associated with pregnancies (International Confederation of Midwives (ICM), 2008; CDC, 2014). It is therefore important to examine their attitudes towards teenage pregnancy and motherhood, since this may potentially impact on the quality of care this vulnerable population receives. Nonetheless, it is obligatory that midwives provide high quality, empathetic care with dignity and respect to all mothers and babies regardless of their age so that the best health outcomes of both mothers and babies can be achieved (ICM, 2008).

2. Literature Review

Attitude is a persistent organization of beliefs, feelings, and behaviours towards socially significant groups, which influences the individuals to respond or behave either positively or negatively to some persons, situations or events (Hogg & Vaughan, 2005). However, it may vary according to the extent of its cognition or emotion, which is reflected in the behaviour and becomes observable (Allport, 1935). Many cultures and societies perceive teen motherhood as an acceptable social norm (Rowlands, 2010), whereas others perceive them as a problem/disaster thus, they are treated as such (Amy & Loeber, 2007).

Attitudes are generally formed through social learning, and processes such as peer groups, observations, opinions and views held by significant others, both of which help to clarify how some attitudes are formed even without direct interaction (Baron & Byrne, 1994). Hence, Perloff, (2003) defined attitude as a "learned, global evaluation of an object (person, place, or issue) that influences thought and action" (p. 39). Attitude is a complex phenomenon and has three main components: cognitive, affective and behavioural (McLeod, 2009).

The cognitive component incorporates beliefs, perceptions and expectations of an individual about the attitude object (McLeod, 2009); these may be negative or positive stereotypes (Mpanza & Nzima, 2010). The affective (feeling) component is pleasing or displeasing emotions about an object, while the action tendency deals with the behaviour of an individual in connection with the object of the attitude. According to Mpanza and Nzima, (2010), if the attitude is hostile, it presupposes an action to punish, injure or destroy the object. If the attitude is favourable, it undertakes the action of helping, nursing, protecting and supporting the object of an attitude (Mpanza & Nzima, 2010). Attitude may be shaped positively or negatively by personal, educational and professional experiences along with political and social views (Cassata & Dallas, 2005). However, Mpanza and Nzima (2010) in their study on educators' attitude toward teenage pregnancy stated that certain individual characteristics are linked to the attitudes that are being displayed to this group. Such characteristics include age of a person, religious affiliation, educational level, gender, ethnic group or race and work experience (Mpanza & Nzima, 2010).

2.1 Attitude towards teen mothers

Teenage pregnancy occurs in girls less than 20 years old (WHO, 2004) who have not completed core secondary education, still dependent on their parents and have no marketable skills (Farlex, 2012). It is a significant health issue in both developed and developing countries (WHO, 2004). Teenage pregnancy is more predominant (95%) in less educated populations with low to middle income as well as in societies that accept and encourage childhood marriage (UNPFA, 2013).

A woman's first childbirth experience and encounter with the midwives remains in her memory forever (Eliasson, Kainz & Post, 2008). Therefore, the attitude of a midwife towards a mother while caring for this group during pregnancy, delivery and motherhood may impact on the outcome (Eliasson et al., 2008). Pregnant teenagers and mothers believe that they need special attention and care yet they are still being stereotyped and disregarded by the health professionals (Wiemann, Rickert, Berenson, & Volk, 2005). This may in turn have grievous consequences on their self-esteem, pregnancy and motherhood outcome (Wiemann, et al, 2005).

A similar study by Atuyambe, Mirembe, Tumwesigye, Annika, Kirumira, and Faxelid, (2009) revealed that teen mothers frequently seek safety and empathy from the health care professionals before, during and after pregnancy. Therefore, negative attitudes, labeling and judgmental behaviour towards them could create barriers in the therapeutic relationships and may impact on the quality of care rendered to them (Atuyambe et al., 2009).

2.1.1 Midwives attitude in relation to teen mother in the family / acquaintance

Having a close personal relationship with a vulnerable and stigmatized group may elicit sympathy and compassion (Eshbaugh, 2011). Therefore, midwives attitude towards pregnant teen and mothers may be influenced by the presence of teen in their family or as an acquaintance. However, the result of her research revealed that having a teen mother in the family reduced the positive attitude towards teen mothers and participant with more years of experience showed less positive attitudes (Eshbaugh, 2011). In contrast, Kim, Burke, Sloan and Barnett (2012) discovered that having a teen mother in the family or as an acquaintance increases a positive attitude and supportive behaviour towards them whereas age was a significant negative predictor of attitude, senior nursing students showed the highest positive attitude towards teen mothers (Kim et al., 2012).

2.1.2 Attitude in relation to educational level / years of experience

Research has shown that educational level can influence attitude towards teen motherhood (Warenius et al., 2006; Eshbaugh, 2011; Kim et al., 2012). A cross sectional study by Warenius et al. (2006) showed that nurse-midwives condemned the adolescent involvement in sexual activity but had a reasonable attitude to handling these issues. However, nurse-midwives with higher educational background and receiving continuing education on adolescent reproductive health had more supportive attitude toward teen with reproductive health issues (Warenius et al., 2006).

2.1.3 Attitude in relation to age

Although there is no literature on attitudes towards teenage pregnancy and motherhood among midwives in relation to age, other studies on attitudes show that relationship exists between age of a person and the nature of attitude displayed. Majova (2002) (as cited in Mpanza & Nzima, 2010) confirmed that the knowledge about sex increases with age and may influence the person's attitude. Mpanza and Nzima (2010) in their study on the educators towards pregnant teenagers showed no significant influence of age, gender and educational level of respondents on teenage pregnancy. But there is a positive influence of educators' race, teaching experience and religious affiliation on teenage pregnancy (Mpanza & Nzima, 2010).

Empathy is the key attribute necessary for providing unbiased and compassionate care to clients of all ages and it can be improved through evidence based new knowledge and information about this vulnerable group (Cunico, Sartori, Marognolli, & Meneghini, 2012; McKenna et al., 2011). Knowledge is related to attitudes therefore gaining of new facts regarding vulnerable group or population has been considered as one of the most effective approaches in changing attitudes towards them (Alford, Miles, Palmer, & Espino, 2001).

3. Theoretical / Conceptual framework

This study was guided by concepts of social psychology, specifically the tri-component model of attitude as theorized by Allport (1935). According to Allport (1935) attitude is "a mental and neural state of readiness, organized through experience, exerting a directive and dynamic influence upon the individual's response to all objects and situations with which it is related" (p. 810). Allport theorized that the attitude-behavior relationship is multi-dimensional and not a result of a single measurement but multifaceted systems made up of the person's beliefs (cognition), his feelings (affective), and his action inclinations (behaviour) towards the attitude object or group (Allport, 1935).

3.1.1 Beliefs (cognitive) components

According to McLeod (2009), the cognitive component is made up of thoughts and beliefs one has towards an attitude object, group or situation. Maio and Haddock (2010) on the other hand believe that it also has to do with the attributes associated with the group. The beliefs may emanate from the significant others; peer, culture, society and knowledge which can affect the behavior toward the attitude object (pregnant teen and mothers) positively or negatively. If midwives believe that teenage pregnancy is as a result of irresponsible behaviour of the teen and the society frowns at or supports it, they may be treated as such.

According to McLeod (2009), the knowledge aspect of the cognition covers how knowledgeable the person (midwives)is about the attitude objects or group (teenage pregnancy and motherhood) which may influence the likelihood of holding strong attitudes (positive or negative) as a consequence. The knowledge may be as a result of educational level or years of experience of the midwives.

3.1.2 Feelings (Affective) component

The feeling (affective component) refers to an expression of like or dislike or emotional reaction one has towards a particular object, people or situation (Allport, 1935). Attitudes about issues such as politics, sex, and religion are likely to be affectively-based, as they usually come from a person's values. This type of attitude is used to show and authenticate our moral belief or value systems, sometimes emanating from the respective religions and cultures (Long-Crowell, 2013). In this study, it is the feeling of like or dislike or positive and negative feeling the midwives show toward pregnant teen and mothers.

3.1.3 Action (Behavioural) component

The behavioral component refers to the way one acts or behaves when exposed to or in contact with the attitudinal object, group or situation (Allport, 1935). According to Maio and Haddock (2010), this may depend on past behavior or experiences with the attitudinal group or situation which may be formed through learning, modeling other people's behaviour and through direct experience. Therefore the behavior of the midwives when caring for a teen mother may be based on their direct and indirect past experience with a pregnant teen/ mother or having a pregnant teen in the family or acquaintance. This may lead to her either showing negative or positive attitude, desirable or undesirable behaviors to attend to or avoid their care.

3. Objectives of the Study

1. To explore the midwives' general attitude towards teenage pregnancy and motherhood.
2. To determine the demographic characteristics of the midwives (age, years of experience, presence of teen mother in the family and/or as an acquaintance) that may influence their attitude towards teen pregnancy and motherhood.

5. Methods and Procedures

5.1 Research Design

A quantitative cross sectional study design was utilized to examine the attitudes of midwives towards teenage pregnancy and motherhood in an urban specialist hospital in Jamaica.

5.2 Data Collection Instrument

Data were collected with the Positivity towards Teenage Mother (PTTM) a self-administered questionnaire (Eshbaugh, 2011), with permission to use and modify the instrument from the author. The questionnaire has two sections: The 'Positivity towards Teen Mothers (PTTM) self-administered questionnaire (Eshbaugh, 2011), was used to collect data.

The two sections of the questionnaire are: Section A- consists of items for demographic data which includes gender, age, social science major, classification and presence of teen mother in the family/ as an acquaintance. Section B- includes twenty-one (21) 4-point Likert-type scale items measuring positivity towards teenage pregnancy and motherhood. Respondents were asked to rate their agreement with each statement from strongly agree (4) to strongly disagree (1) with the total higher score indicating positive attitudes toward teen mothers. Based on context and culture appropriateness, the 21 items scale was reduced to 19 items.

5.3 Population/Sample

A survey of all midwives working in the institution who consented to participate in the study was done. Midwives who directly care for teen mothers in the clinical areas both part time and full time in specialized clinics, antenatal clinic and ward, family planning and fertility control unit, gynaecological ward, antenatal ward, labour ward and postnatal ward were included in the study. Midwives who were on leave (maternity, study, sick, etc.) and those not in direct care of pregnant teen and mothers (management/administrative) staff and those working in other units were excluded.

5.4 Ethical Considerations

Approval was granted by the university / faculty ethics committee and permission to conduct the study was obtained from the leadership of the specialist hospital and regional health authority in charge of the institution. A collaborator was assigned by the management of the institution to the researcher and scheduled an appropriate date and time to introduce the study to the midwives. After a detailed explanation of the study, their rights, risks and benefits, midwives who wished to participate completed the informed consent form and a questionnaire was given to them to complete. Their confidentiality and anonymity was assured and their right to withdraw from the study at any point.

5.5 Data analysis

Data were analyzed using the statistical package for the social sciences (SPSS) version 20. Descriptive statistics using frequencies and percentages, measures of central tendencies (mean) and dispersion (standard deviation) were performed on the demographic data to summarize the characteristics of the participants. Statistical analysis was done using ANOVA to determine the relationship between the dependent variables (Attitude) and the independent variables (age, years of experience/educational level, teen mother in the family/acquaintances) and its significant tested using Pearson's Chi square.

Before the analysis, all the negatively worded items in the PTTM scale were reversed and recoded. The descriptive statistics of the entire PTTM scale to determine the mean and standard deviation was performed. The analysis of the inferential statistics was done based on the remaining 17 items. The composite score of the 17 items ranged from 34 – 63. The attitudes score was calculated by coding the responses using the values for the percentiles (25th, 40th, 50th and 60th percentile). Items scoring below the 40th percentile indicate negative (judgmental) attitudes, between 40th and 60th percentile indicate neutral attitudes and scores above 60th percentile indicate a positive (supportive) attitude. The results were analyzed based on these categories.

6. Results

6.1 Demographic characteristics

Of the 80 questionnaires that were distributed, 72 were returned (90% response rate). All the participants were female with majority (87.5%) being Jamaican between the ages of 25 – 30 years (18.1%); 31 - 35 years (27.8%); 36 - 45 years (23.6%); 41 years and above (30.6%). Data on years of experience was categorized, participants below 5years accounted for 24.6%, those within the 6 – 10 years accounted for 38.9% while 11 – 15 years and above 16 years were 11.5% and 23.6% respectively**.** More than half (52.8%) of the participant have a teen mother in their family and/ or as an acquaintance (Table 1). The result showed a normal skewed distribution curve (0.512) with mean of 45.93±5.20.

Table 1: ***Demographic characteristics of respondents (N=72)***

Variables	*N*	*%*
Sex		
Female	72	100
Male	0	0
Age		
25 – 30	13	18.0
31 – 35	20	27.8
36 – 40	17	23.6
40 and above	22	30.6
Nationality		
Jamaican	63	87.5
Others	9	12.5
Years of Experience		
Below 5 years	19	26.4
6 – 10	28	38.9
11 – 15	8	11.1
16 and above	17	23.6
Presence of teen mother in the family or as an acquaintance		
Yes	38	52.8
No	34	47.2

6.2 Midwives' general attitudes towards teenage pregnancy and motherhood

The general attitude of the midwives towards teenage pregnancy and motherhood were more positive (44.4%), whereas (43.1%) accounted for their negative attitude and (11.1%) had a neutral attitude (figure 1). There is one missing item which accounted for 1.4% and was excluded throughout the analysis.

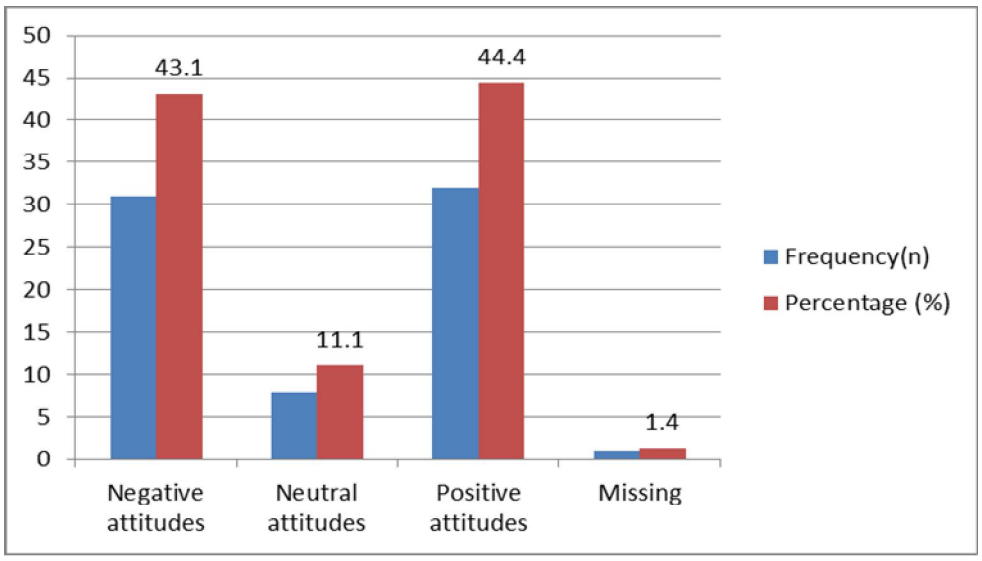

Figure 1: General attitude of midwives towards teenage pregnancy and motherhood

6.2.1Age of the Midwives and attitudes towards teenage pregnancy and Motherhood

Midwives within 31 – 35years group had more positive attitudes (28.1%) where as those within the age group of 41 and above had a negative attitude (41.9%) nonetheless Midwives within 36 – 40 years have a neutral attitude (Table 2). There are differences in the attitudes of midwives toward teenage pregnancy and motherhood by age group, however, these differences were not statistically significant (p= 0.111).

Table 2: Age and attitudes of midwives towards teenage pregnancy and motherhood

Age (years)	Negative Attitudes		Neutral Attitudes		Positive Attitudes	
	n	%	n	%	n	%
25 – 30	6	19.4	0	0	7	21.9
31 – 35	6	19.4	4	50	9	28.9
36 – 40	6	19.4	4	50	7	21.9
40 - above	13	41.9	0	0	9	28.9

6.2.2 Years of experience and Midwives attitudes towards teenage pregnancy and motherhood

Midwives with 6 – 10 years of experience have a positive (supportive) attitude towards teenage pregnancy and motherhood (50%) whereas midwives with years of experience greater than 16years have negative attitudes (32.3%). However, those with experience less than 5years have neutral attitudes (37.2%) (Table 3). The significance of their differences were tested using Pearson's Chi square and was found to be non-statistically significant (p=0.475).

Table 3: Years of experience and attitudes of midwives towards teenage pregnancy and motherhood

Years of experience	Negative Attitudes		Neutral Attitudes		Positive Attitudes	
	N	%	n	%	n	%
Below 5	8	25.9	3	37.2	7	21.9
6 – 10	10	32.3	2	25.2	16	50
11 – 15	3	9.7	2	25.2	3	9.4
16 and above	10	32.3	1	12.5	18	18.8

6.2.3 Presence of teen mother in the family or as an acquaintance

Midwives with a teen mother in their family or as an acquaintance have positive (supportive) (56.2%) attitudes towards teenage pregnancy and motherhood whereas those with no teen mother in their family have negative (judgmental) (48.4%) attitudes (Table 4). Although there is a difference in proportion between midwives with pregnant teen and mother in their family or as an acquaintance and those who does not, the differences were not statistical significant (p= 0.635).

Table 4: Presence of teen mother in the family or as an acquaintance and midwives attitudes towards teenage pregnancy and motherhood

Presence of teen mother in family	Negative Attitudes		Neutral Attitudes		Positive Attitudes	
	n	%	n	%	n	%
Yes	16	51.6	3	37.5	18	56.2
No	15	48.4	5	62.5	14	43.8

6.3 Univariate analysis of the attitude score and the independent variables

The general linear model univariate analysis was used to test for between variables effect of age group, years of experience and having a teen mother in the family and positivity towards teenage pregnancy and motherhood (attitudes) (Table 5).

The model explained only 2% variance of the attitude (PTTM) scores. Age, years of experience and having a teen mother in the family did not identify a significant positive effect on attitude scores. Interestingly, there was a significant interaction (p=0.039) between years of experience and having a teen mother in the family. A further analysis revealed higher mean attitude scores for midwives with teen mother in their family and years of experience below 5years ; 6 – 10 years (47.42 and 46.44) when compared with those with no teen mother in their family in the same categories (43.42 and 45.90) respectively. Also midwives between 11- 15years of experience with teen mother in their family have a significant lower mean than those with the same years of experience and had no teen mother in their family (36.50 vs. 49.33).

Table 5: Univariate analysis of attitude scores and the independent variables (age, years of experience and Teen mother in the family or as an acquaintance

Variables	Attitude Scores				
	Type III sum of squares	df	Mean Square	f	Sig.
Corrected Model	620.384[a]	22	28.199	1.066	.413
Intercept	80353.936	1	80353.936	3036.367	.000
Age	8.236	3	2.745	.104	.957
Experience	30.987	3	10.329	.390	.761
Teen Mother	29.951	1	2.951	.112	.740
Experience*Teen mother	240.326	3	80.109	3.037	**.039**

R Squared = .328 (Adjusted R Squared = .020)

7. Discussion of finding

This study explored the attitudes of midwives towards teenage pregnancy and motherhood and identified the demographical influences to their attitudes. The result showed that generally, midwives have positive attitudes towards teenage pregnancy and motherhood. However, there are differences in the attitudes of midwives towards teenage pregnancy and motherhood according to their age, years of experience and presence of teen mother in the family and or as acquaintance although the differences were not statistically significant. Further analysis with general linear model univariate variance revealed a significant interaction between the years of experience of the midwives and presence of teen mother in their family (p= 0.039) though only 2% variance was identified.

This study has demonstrated that midwives in general have positive attitudes towards teenage pregnancy and motherhood. This is similar to the findings of Adeyemo et al., (2014) which revealed that midwives show positive attitudes towards pregnant mothers in general during child delivery including adolescent. In contrast, the study by Atuyambe et al., (2009) and Wiemann et al. (2005) revealed that pregnant teenagers and mothers believe that they need special support instead they are disregarded, stereotyped and shown judgmental attitudes by the health professional including nurses/ midwives. One possible explanation to the findings of this study may be because midwives are trained to provide non-judgmental and empathetic care to their client no matter the age or circumstances (ICM, 2008). Therefore, their attitude to teenage pregnancy and motherhood are shaped by their professional obligation to provide empathetic care. Past experience with teen mothers may be another reason for their supportive attitude. This may be as a result of being a teen mother themselves or a product of teen mother, however, this research did not explore whether the midwives themselves were teen mothers or a product of teen mother since majority of the participants have a teen mother in their family. According to Mpanza and Nzima (2010), favourable or unfavourable past experience may influence the midwives to be protective and supportive to pregnant teen and mothers or vice versa. Culture and religion often shape values and expectations as they relate to many life situations and experiences. Hence the attitudes of midwives towards teenage pregnancy and motherhood in this study may be shaped by culture as many cultures and societies perceive teen motherhood as an acceptable social norm (Rowlands, 2010), whereas others perceive them as a problem/disaster and they are treated as such (Amy & Loeber, 2007).

In the Jamaican context, Chevannes (2001) study on culture, socialization and gender identity in five Caribbean communities stated that sexually active girls have conflict with their parents and they are often punished to deter them from bringing shame to the family. This may be transferred to the professional environment by the midwives hence suggesting their negative attitudes. Morgan et al. (2012) found that participating in religious practice in Jamaica helps individual to be protective against high-risk sexual behaviours. This is also supported by Samuda (2004) who stated that Jamaica's strong Christian background stresses on girl's modesty including her sexuality. Therefore, midwives that showed negative attitudes may be as a result of authentication of their religious belief which forbids adultery and fornication. This may help to explain this result, although the religion of the participants in this study was not obtained. Age was found to have an association with attitudes of midwives toward teenage pregnancy and motherhood but was not statistically significant (p= 0.111). There is no published literature on attitudes towards teenage pregnancy and motherhood among midwives in relation to age to compare with; however a study by Kim et al., (2012) revealed that age was a significant predictor of negative attitude among nursing students towards teenage pregnancy and motherhood.

Other studies on attitudes show that relationship exists between the age of a person and the nature of attitude displayed. Majova, (2002) (as cited in Mpanza & Nzima, 2010) confirmed that the knowledge about sex education increases with age which in turn influences the attitude towards sex.

Attitudes may be shaped positively or negatively by personal, educational and professional experiences (Cassata & Dallas, 2005). According to Mpanza and Nzima (2010), changes within the society are not easily accepted by those who are more experienced within that society. This may be applicable to the midwives attitude towards teenage pregnancy and motherhood. There is a difference in the years of experience of the midwives and their attitudes towards teenage pregnancy and motherhood but the difference was found to be not statistically significant ($p=0.475$). Midwives with 6 – 10 years of experience have more supportive attitude (39.4%) than those with higher years of experience. Interestingly midwives with more years of experience have a more negative attitude which is in line with the findings of Mpanza and Nzima (2010). Although, majority of the studies were done with nurses and student nurses but the findings of Warenius et al. (2006) revealed contrary result, Nurse midwives with more educational experience have a more supportive attitude to teenage mothers although they were receiving continuous education. In a similar study conducted by Kim et al., (2012) among student nurses, attitudes toward teen mothers improved with higher academic levels, which is analogous with years of experience.

The findings of this study may be justified by the knowledge aspect of the cognition in the model of attitude which covers how knowledgeable the midwives are about the consequences of teenage pregnancy and motherhood which may in turn influence their likelihood of holding a positive or negative attitude as a result (McLeod, 2009). He further stated that the knowledge may be an outcome of educational level or years of experience.

Having a close personal relationship with a vulnerable and stigmatized group may elicit kindness, concern and compassion (Eshbaugh, 2011). Similarly, McLeod (2014) postulated that attitudes based on direct experience are more powerfully held and impact on behavior more than attitudes formed indirectly from hear-say. Therefore, it is expected that those midwives who were related to or have a teen mother in their family would have more positive attitudes than those who do not. In this study, there are differences in attitudes between midwives who have a teen mother in the family or as an acquaintance and those who do not, nonetheless the differences were not statistically significant ($p=0.635$). Midwives with teen mother in their family and or as an acquaintance have more supportive (52.1%) attitudes to teenage pregnancy and motherhood than those who do not. Although there is no direct study on attitudes of midwives towards teenage pregnancy and motherhood in previous studies, but the findings in this study is similar to that of Kim et al., (2012) which revealed that having a teen mother in the family or as an acquaintance increases positive attitudes and supportive behaviour towards teen mothers among nursing students. In contrast, Eshbaugh (2011) found that participants who had teen mothers in their own family were actually less positive toward teen mothers than participants who have none. The presence of a teen mother in the family may elicit emotional reactions (Allport, 1935) which may be one of the reasons why midwives with teen mothers in the family show more supportive attitude.

However, those that exhibit a judgmental attitude may use it to show and authenticate their moral belief or value systems sometimes emanating from religions and cultures (Long-Crowell, 2013). In the Jamaican context, Leo-Rhynie suggests that Jamaicans high regard for motherhood including that of teenagers may be linked to their African inherited culture, beliefs and values in which "respect for the matriarch is paramount and the sacredness of motherhood, pregnancy and fertility are important features"(p.16) (Leo-Rhynie, 1993). She further stated that socially, many Jamaicans support pregnancy and motherhood in teens because they believe that they gain status and identity within their communities establishing their fertility (Leo-Rhynie, 1993). This may explain the supportive attitudes of the midwives with teen mother in their family towards teenage pregnancy and motherhood. Interestingly, their support according to the model of attitude may be dependent on past favourable or direct experience, learning or modeling other people's behaviour towards pregnant teen and mothers (Maio & Haddock, 2010).

Conclusion

Midwives are meant to show and render supportive non-judgmental care to their clients irrespective of their age. Generally midwives, in this study showed positive (supportive) attitudes towards teenage pregnancy and motherhood. However, there are differences in their attitudes according to age, years of experience and presence of teen mother in their family or as an acquaintance with significant interaction between years of experience and presence of teen mother in their family.

Therefore, the government and management of institutions of care should provide more training and continuing education for midwives regarding tolerance or positive attitude towards this vulnerable group in Jamaica. Midwifery curriculum could be strengthened to foster professional values, patient-centered and respectful care to this vulnerable group through evidence based new knowledge and continuing education. Further research should be conducted on teen mothers experience and perception towards midwives attitudes during pregnancy and delivery.

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