

Vulnerability of mothers and child in the perinatal period : Points of reference

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A direction

During the last years, vulnerability became one of the most important works focused on social policies listed in Europe. If we start from the Latin "*vulnus*" meaning injury, and "*vulnare*" hurt, vulnerability is the area through which the wound can occur. There is a double image with the flaw (sensitive area, gate to injury and hurtful feelings) which embodies vulnerability, according to Soulet (2010). So vulnerability means "*a potentiality to be hurt*". The common denominator is

a fragile state already known or about to be. Reflexivity is stronger on the uncertainties of individual destinies. This concept is general so much as specialized in two domains integrated in the European CapeVfair project, firstly the scientific world, and the other, the professional world.

We note that generally speaking, vulnerability is taken into account in a context of economic crisis and recession or when the factors and / or the consequences of vulnerability have become a societal problem. Numerous studies such as the Innocenti Report11 (2013) and Report 12 (2014) from UNICEF and also the OECD report(2012) underline the rise of insecurity of the most vulnerable population, affecting mothers and children and the complexity of this phenomenon. These studies are corroborated by the observations made by participants in the project. Different meanings are underlined as follows:

a) Vulnerability in its social meaning

The "vulnerable configurations", are a concept examined by Filgueira(1998) which either does not allow to consider the improvement of a situation, or lead to downward social mobility. According to the author, these "vulnerable configurations" are found in all socio-economic backgrounds.

b) Vulnerability in its legal meaning

In the field of law (not developed in our project) the vulnerability of the victim is an aggravating factor of the fault and / or the offense, in both the qualification of the facts alleged in the graduation of the sanction.

c) Vulnerability associated with risk

Although the term is seldom used by the actors them selves or by the carers, it is mostly associated with risk. Vulnerability can be defined as an internal risk factor to an individual, or a risk system under threat (Cardona, 2003). Vulnerability triggers a weakening process. It highlights a swinging zone between social inclusion and exclusion For example, we note in the project the tipping process between being a mother implying forms of social integration and the problem of addiction leading to forms of exclusion. We find these same characteristics for the other three groups of women: being a mother, migrant prostitution being young women and underage mother being a mother of many children and very precarious situation. We note in our project a swinging process between addiction and motherhood prostitution and being a migrant mother, young and underage mothers, as well as being mother of many children and living in very precarious conditions. We identify in these cases a risk environment, a fragile condition for the mother and the child, a specific period of life (perinatal), and a mistreated social group. We emphasize that anyone can be vulnerable at one point in his life, or under certain conditions. The vulnerability situation is often made of multiple elements that show complexity, as described by Morin (1995) "When I talk about complexity, I refer to the elementary meaning of the Latin word" *complexus* ", which means" woven together ". The real problem [...] is that we have learned too well to separate. It is better to learn to connect".

Three different dimensions of vulnerability

1. Individual dimension

Sociological theories about contemporary individuals consider that vulnerability is a difficulty in managing and adapting to the society and in succeeding in personal aims, achievements (Castel, 1995, Beck 1992). Vulnerability, on the maternal point of view, questions the image of a person with full participation and living her life autonomously.

This population's experience is located within the "exclusion". It becomes one of the reading modalities that can be made of the situations observed in the participating facilities. What we observe is therefore linked to incomplete socialization experiences made of multiple disruptions and social suffering, individual frailty and identity difficulties (which can come from the person as well as from her environment, or from the social consideration weighing on her). However this perspective is not sufficient for building a framework for social intervention. Several dimensions are described as follows.

2. Relational dimension

Soulet (2010) underlines domains within the relational dimension that takes into account relational and cultural aspects. Here are they:

- a) "The relational nature": That is to say what is at stake in the relationship between a group or an individual with particular characteristics and in a particular context, given the exposure to a threat.
- b) "The potential character": This one comes from the possibility of a threat, the risk of making a threat. But nothing has yet materialized. There is the possibility to counter it with an action and limit the negative effects.
- c) "A dialectical notion": That does not work in pairs (unlike for example of the fragility and robustness, and standard deviation, exclusion and inclusion). It is indeed not possible to say "invulnerability". We see that this concept holds together opposing registers.
- d) "The cultural dimension": There is a strong link between vulnerability and protection, which means for example that a person is more exposed to danger when poorly protected. For example migrant mothers, as bearers of not immediately assimilated plural differences, embody potentials, differences that are not immediately obvious

3. Institutional dimension

Since vulnerability is neither a property of the individual nor a property of the context, it is a link in the relationship between the different actors the subject, his or her relationship, the

professionals and the institution. This is especially true when 'vulnerable' mothers¹ and their children) show differences from the maternity models that are implicit among professionals. We note that every practice of vulnerability assessment and decision-making around the accompaniment can only consider this relational dimension of vulnerability. Therefore, it is important to give professionals the tools to keep a critical judgement on their own point of view and the institutional arrangements that build vulnerability.

Reading from the field

The main factors of vulnerability in the perinatal period are : -Poverty -, -Addiction-, -Migration-, Mothering (under age girls)

In the CapeVfair project, professional postures are schematically the same.

- Professional accompaniment in order to mobilize and develops own resources
- Ensuring that the child develops in a "secure" environment,
- Promoting the creation or maintenance of the link in the dyad (mother –child).
- Supporting “capabilities” of vulnerable mothers

As Nussbaum (2011) explains, the word “capability” is defined as freedom or all kind of opportunities created by a combination of personal abilities and political, social, economic and family environment. We now understand even better the interest in considering human resources to prevent or mitigate or correct the possible effects of vulnerability.

The Professionals involve their ability to be "touched", even wounded, by the relationship with the user. Some kind of weakness could be expressed by the dyad (mother-child). The fragility of professionals may also contribute to the individual's vulnerability. Therefore, it seems appropriate to consider accompaniment as encouraging intern and extern resources (networking, in partnership). The main objective that remains common to the four countries is to achieve the most suitable accompaniment as possible for mothers with their children. It is important to take into account some characteristics.

Towards selected characteristics

1- Specific domains

We note in the 4 countries that vulnerability is linked to a risk situation and to uncertainty in the following specific domains:

- a. Development of health problems, such as being mother and suffer from addiction
- b. Time and space. These factors relate to all vulnerable groups of the 4 countries
- c. Financial, physical, relational issues. All vulnerable groups involved in the 4 countries

- d. Accompanying the individuals. That is to say the professionals involved in the project
- e. Social consideration, focused on vulnerable groups, which is itself a source of vulnerability. Similarly, social expectations, relayed more or less consciously by institutions and professionals, can contribute to reduce factors of vulnerability but also increase them in developing risk factors.
- f. Guiding pregnant women who come from collective dramas as war, mass violations, refugees, etc.

What is interesting in identifying groups considered “at risk” is for the project to work on reducing the risk factors in different groups.

2- Risk groups

Vulnerability in the perinatal care area can be identified vulnerability through 3 risk groups. The risk factors are associated with increased risk of vulnerability, which plays a more or less causal role in its appearance. Therefore, the realization of monitoring forms can reduce the impact of vulnerability for the followed groups:

- a. Women with dominant psychological risk (depression, anorexia nervosa or bulimia, postpartum, etc)
- b. Women with dominant social risk and risk of dominant cultural stereotypes (insufficiently followed pregnancy, single mother, lack of housing, homelessness, etc)
- c. Women with dominant health and psychosocial risk (HIV, addiction of any kind)

3- Impact on babies and young children

a. Babies or children (under 6 years) have, compared to other children of the same age, an increased risk of ending up in a vulnerable position, depending on the situation of their mother during pregnancy, birth and during the 1st year of life. They may suffer from lack of care or kindness or intermittently benefit from it.

b. Babies whose mothers have great difficulty in meeting their basic needs (food, basic security, etc) because of their important personal problems (addiction, poverty, etc.)

c. Babies in a bio-psycho-social situation of vulnerability due to consumption of psychoactive substances of their mothers during pregnancy, which will for example develop foetal alcohol syndrome (growth delay, malformations, delayed psychomotor development, abnormal behaviour, etc.)

d. Babies in a vulnerable health situation. This situation is connected to the difficulties to build a healthy history in the family in order to build healthy development as young child.

4. Observed characteristics

It's important to clarify the relation between the risk situation and vulnerable situation that could affect the mother and her child for decide different intervention proposals:

- People may belong to a group called "at risk" and not end up in vulnerable situations

- People may belong to a group called "at risk" and find themselves in vulnerable situations
- People may not at first sight belong to a group called "at risk", but end up, depending on the context, in a proven vulnerable situation

In an attempt to better support women in a vulnerable situation (and their children) in the perinatal period, our project targets special tools in order to work with the mothers and allow them a well-being with their children.

Further reading...

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