

Pathways into Parenthood: Reflections from three generations of teenage mothers and fathers

Aims, scope and design

This study was designed to explore the views and experiences of men and women who became parents while under the age of twenty. We spoke to people in three generations: young parents currently aged under twenty, and those in their parents' and grandparents' generations who had also had children as teenagers. We set out to take a biographical perspective, inviting participants to reflect on the transitions that they made to parenthood, and on their experiences since then, including access to formal and informal support systems. The study was also intended to pilot a number of different research methods, with a view to considering their potential for facilitating participant involvement and gathering rich and in-depth data. For this reason, the number of people involved was deliberately limited to a small sample. Our planned methods included biographical-narrative interviews, group discussion, photo-elicitation, and peer interviewing. In all, 14 men and 14 women took part in the study.

Background

Research to date has offered contrasting pictures of teenage parenthood. Since the 1990s, for example, studies published in the UK included some which emphasised the poverty and social exclusion faced by young mothers and their children (e.g. Hobcraft and Kiernan, 2001), while others emphasised the ways in which early parenthood could represent a positive turning-point, given appropriate support (e.g. Phoenix, 1991). Most studies have focused on young mothers and their children; there has been very little research concerning the experiences of young fathers. Researchers have also pointed out that norms concerning fertility and the timing of parenthood have varied, historically and culturally: parents aged under twenty have not always been seen as a 'problem' group, and are not seen in this way in all communities. Most recently, analyses of outcomes for women at age 30 have shown that the adverse consequences of teenage parenthood have been overstated in many respects: outcomes are shaped most powerfully by poverty, and not by the timing of motherhood (Ermisch and Pevalin, 2003).

Our findings

➤ **Pregnancy in adolescence: not planned, but not unwanted?**

For a majority, the pregnancy was unplanned and the news was commonly accompanied by initial 'shock'. However, in contrast to the weak sense of agency displayed in relation to becoming pregnant, a much bolder sense of agency is evident in decisions to reject abortion (despite strong family pressures in some instances) and to take responsibility by progressing with the pregnancy and becoming a parent. This echoes findings from research by Cater and Coleman (2006), Hoggart (2006) and McDermott and Graham (2005). Commonly there were explicit references to taking advantage of the 'turning-point' offered by pregnancy, in terms of planning for the future: forming a strong family unit for example, or making renewed efforts to gain qualifications.

➤ **A complex and diverse picture**

Our participants saw becoming a parent as one route to adulthood, with no 'one best way'. This raises questions about whether an 'inclusion' policy that aims to reintegrate young parents into education by returning them to their former school (Dawson *et al*, 2005; Harris *et al*, 2005; YWCA, 2004) is the only or most appropriate mechanism for supporting a transition to adulthood. Many of the circumstances experienced by the young parents we spoke to, and the aspirations they had for the future, echo those expressed by other parents. Age alone does not define young parents' identities and experiences; interestingly, the identity of single parent, if applicable, was often experienced as more problematic than that of young parent.

➤ **Having a child at a relatively young age is seen as having some benefits**

These include forming closer relationships to children / grandchildren because of a smaller age gap; the opportunity of successful, continuous careers for mothers (without maternity leave gaps); youthful health and energy whilst childrearing; and time left "to enjoy life" after children have left home.

➤ **However, a sense of stigmatisation has endured**

For mothers across all generations, the feelings they experienced at having a child young continued throughout their life. These included:

- ◆ needing to avoid / avoiding 'disclosure' at work
- ◆ ongoing fear or distrust of health / social care professionals
- ◆ anger towards media portrayals of young parents
- ◆ not meeting or defying social class and/or parental expectations (potentially leading to feelings of guilt or low self-esteem many years later)

By Julia Hirst and Eleanor Formby (Sheffield Hallam University),
and Jenny Owen (University of Sheffield) 2006

Pathways into Parenthood: Reflections from three generations of teenage mothers and fathers

- ◆ missed sense of youth, feeling left out of youthful activities
- ◆ need for affirmation later in life
- ◆ striving to prove oneself over and above expectations of older parents
- ◆ sense of having to do 'more' or 'better' to be accepted.

Some women in our study explicitly linked negative responses to their pregnancy with subsequent diagnoses of depression; later improvements in health were sometimes associated with access to appropriate support services. This ongoing psychological impact of the *stigma* associated with young parenting was clearly identifiable because of our three-generation sample and biographical perspective. This finding suggests the important role that understanding and sympathetic (dedicated) support services may have in the future in decreasing the long-term negative impact of stigmatisation.

➤ **Pregnancy or parenthood is rarely the primary problem for those experiencing difficulties**

Contrary to popular stereotypes, lay beliefs and some academic and political discourses that highlight links between young parenting and adversities (e.g. in health, education, employment), our data offer further evidence that if problems are experienced, they generally pre-date pregnancy and/or arise from long-term structural, material or familial factors.

➤ **Housing is a key issue**

Mothers across all generations described housing as a major problem. Appropriate and timely access to housing provided a 'nest' that facilitated planning and a sense of control, security, safety, pride and legitimacy in the parenting role. All participants were aware of the myth that childbirth can secure housing and cited much counter evidence of the profound difficulties experienced.

➤ **School sex education experienced as poor by all**

This might be predicted for the older generation of parents, but younger age groups were also unanimously disparaging about their formal sex education; some had missed it completely because it took place on a day when they were absent from school. Talking about sex, particularly between sexual partners, is still a great taboo; no participants had experienced any 'relationships education'. Lack of confidence to talk about sex and contraception (especially safer sex) was common across generations. That more schools are relegating PSHE and SRE to dedicated one-off days is alarming; that this day often occurs in the final year of compulsory schooling begs questions about its utility and timing.

➤ **Significance of supportive community context for young parents**

Both mothers and fathers highlighted the social and practical benefits of living in a community where young parents were not unusual. This contrasts with the isolation described by some (2nd generation) mothers, living in middle class communities where young parenthood is less visible and community spirit sparse. From our data, it is unclear whether the supportive local community context extends to an influence on decisions to reject abortion since all participants named their mother as the person who tried to persuade them to have an abortion.

➤ **Universally poor experience of professional care**

Irrespective of generation, age group, gender and class, all participants described poor experiences of maternity care. Problems included insensitivity and judgemental attitudes from professionals, actions that excluded fathers and a lack of information and consultation on choices available for birth and pain relief. Within this picture, fathers from the 1st and 2nd generations described experiences of female-dominated care, in both formal and informal domains, enhancing their sense of exclusion.

➤ **Gendered patterns**

We found some evidence of gender difference regarding both parenting behaviour and responses to young parenting. There were some personal variations, but in general men explicitly described leisure time as important in sustaining their family role, whilst the women assumed that they would not have leisure time. There was also some evidence to suggest different responses towards single fathers, compared with single mothers: single mothers tended to experience practical difficulties and/or to face stigma, whereas some single fathers experienced 'praise' by virtue of being 'a novelty'.

➤ **Importance of dedicated support and peer support**

The current generation of young mothers viewed dedicated support as very significant; emotionally, socially and practically. Mothers from previous generations were at a distinct disadvantage if they did not have family support, as other forms of support were not widely available then. All valued having or finding friends in similar circumstances to themselves.

➤ **Research methods and future research priorities**

As indicated above, we found that biographical-narrative interviews were successful both in involving participants, and in

Pathways into Parenthood: Reflections from three generations of teenage mothers and fathers

allowing complex themes to surface. In some cases, narrative research methods can be empowering simply by allowing individuals to tell their stories. Photo-elicitation was also effective in engaging participants, particularly through group discussion.

There are also clear advantages to adopting a partnership approach with both participants and relevant local agencies/organisations. Priority areas for future research include:

- ◆ Young fathers: their experiences, support needs, and aspirations.
- ◆ The specific experiences of teenage parents at the younger end of the spectrum. Evidence from previous research suggests that becoming a parent at age 13/14 is very different to doing so at 18/19.
- ◆ Longitudinal research into the experiences of upper and middle class young parents (both past and present). This may help to further highlight the place of social disadvantage / deprivation in producing different outcomes for teen parents and their children.
- ◆ Experiences of 'planned' young parenthood, particularly as a route to adulthood or as a (positive) turning-point in life.
- ◆ Experiences of forced abortion, adoption and/or marriage as a result of teen pregnancy, and its impact on mental health, subsequent pregnancies, future relationship(s), and/or experiences of parenting.
- ◆ International comparative research, to help to identify the influence of different economic / social contexts and of varying attitudes towards teen pregnancy, on the experiences of young parents.

Policy and practice recommendations

1. Dedicated support and peer support

This research further emphasises the importance young parents place on dedicated support services. Public policy needs to take account of young peoples' views, both about pregnancy as a potential turning-point and about countering stigmatisation. Future service development could explore the potential for peer support and/or training (Kidger, 2004; 2005).

2. Web-based information

The need for information, including a dedicated website on sexual health, teen pregnancy and young parenting is reinforced by this and previous studies (Hirst, 2003; Hirst *et al*, 2003; Hamm, 2006). This is particularly important in terms of improving access and effectiveness of support for fathers.

3. Childcare

Lack of affordable and appropriate childcare remains a barrier to future education, training and employment: this needs to be recognised and addressed in future service design/delivery.

4. Infrastructure: housing and transport

The role of key public services - particularly housing and public transport - needs to be acknowledged in supporting young parents, as they establish their independence. In housing-related support, provision should allow for children to know both parents; this is vital for mums and dads who are not the primary carer.

5. SRE and PSHE in school

This research suggests that SRE and PSHE need to take place much earlier than at present, given that some participants became sexually active at the age of twelve. Issues that need to be addressed include: intimate relationships and sexual relationships, gender, sexualities, contraception, pleasure, responsibility, risk, and consent. Schools need to facilitate honest and frank discussions around these topics, and to work in partnership with parents and carers.

6. Professional care

Unsupportive and/or female-dominated professional care is a key factor in experiences of support, healthcare in particular. Workforce training and development measures are needed, to support practitioners in reflecting on the implicit and explicit messages they may be giving out to their clients. This should include the extension of existing initiatives in peer training techniques, actively involving young parents and/or former young parents in delivering awareness raising training to practitioners working in this field. Groups that could be targeted include: teachers, social landlords, school pupils, healthcare workers, social workers, and social care practitioners. The use of our 'Pathways to Parenthood' DVD could begin to start this process.

7. Specialist education provision

Specialist provision for young parents' education centres should be continued and expanded (both geographically and in

Pathways into Parenthood: Reflections from three generations of teenage mothers and fathers

numbers of places available). There is evidence to suggest that this model works more effectively than returning young parents to mainstream education (Aitkenhead, 2005; Dawson *et al*, 2005; Harris *et al*, 2005; YWCA, 2004).

8. Benefit entitlements

Attempts should be made to equalise benefit entitlements for young parents under and over 18 years of age.

9. Specialist healthcare provision

Following the demise of Sure Start Plus, consideration and planning are needed to sustain specialist healthcare support, both for young mothers and young fathers.

10. Government policy

This study adds to a substantial body of research which emphasises the diversity of experiences and needs among young parents. Policy developments need to reflect this, for example by:

- ◆ Recognising young mothers' (and some fathers') positive wishes to remain at home during the first few years of a child's life, and to re-enter education and/or employment in flexible stages.
- ◆ Promoting an emphasis on choice and support for young parents, in order to counter stigmatisation. This does not exclude work on risk and prevention, but could provide a more positive context for it. As part of this, consultation and partnership with young parents themselves is crucial.
- ◆ Recognising the complexity of local contexts for young parenting, both positive (e.g. community and family support networks) and negative (e.g. poverty, drug and alcohol use, disability, depression, growing up in care, poor housing and education opportunities).

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About the research

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and Jenny Owen (University of Sheffield) 2006