What role does social exclusion play in teenage pregnancy? What factors are related to positive long term outcomes for teenage parents and their children? Research carried out by the Institute of Education and the London School of Hygiene and Tropical Medicine, used questionnaires, focus groups and interviews to gain a better understanding of how teenage parenthood affects the lives of young mothers, fathers and their children.
**Key Findings**

- Many teenage parents report positive experiences. For some, the pregnancy was either planned or wanted. For others, this was not overtly the case at the time, but in retrospect their teenage pregnancy came to be viewed as a positive occurrence.

- Much that was negative about the experience of teenage parenthood for the mothers, the fathers and the children resulted from factors related to their socially excluded lives rather than the teenage pregnancy per se.

- Disliking school is linked to greater risk of teenage pregnancy.

- Violence in school and the home is an important risk factor for teenage pregnancy.

- Most teenage mothers felt that any sex education they had had at school and at home had been inadequate.

- The key factors that characterized the lives of those mothers who had done well were: support from family; having a positive partner relationship; developing a career or having employment they liked; and the passage of time since the birth.
Background
The study sought to understand the relationship between teenage parenthood and social exclusion. It explored: why some women have children while in their teens and others do not; how these women experience the antecedents and consequences of teenage parenthood; and what distinguishes those parents and children who have positive outcomes, in terms of social inclusion and good health, from those who do less well.

The aims of the study were to use a longitudinal approach, drawing on both qualitative and quantitative data, in order to capture the experiences of the same women over time. Using different methods, in sequence throughout this study allowed the outcomes from one method to inform the content of the next, and made it possible to collect a pool of multi-dimensional data that is rich in depth, breadth and which includes the voices of teenage parents and their children.

About the Study
This mixed method longitudinal study utilized quantitative data from two existing data sets: the Social Support and Pregnancy Outcome Study (conducted 1986 – 1994 in Stoke, Derby, Kent and Reading), and the Social Support and Family Health Study (1999 – 2001 in London). Secondary analyses using multivariate logistic regression models were carried out on these data.

Additional follow up data from both studies were collected in 2003/4 through postal questionnaires and in depth interviews, including some with men who were previously teenage fathers, and children whose parents were teenagers when they were born. Focus group discussions were held with teenage parents, both past and present, to explore their opinions. Interim results were shared with a similar focus group, to allow them to feed in their interpretations to the study findings.

Overall the study included data from: 258 teenage mothers; 969 non-teenage mothers; 13 teenage fathers and 19 children of teenage mothers. The study integrated analysis of the different types of data to develop a comprehensive picture of how giving birth as a teenager may constitute a ‘risk factor’ for social exclusion.

Findings
Exploration of the ‘causes’ and experiences of teenage pregnancy
Dislike of school
Many of the teenage parents we interviewed intensely disliked their time at school. This was reflected in high levels of non-attendance and poor educational attainment. These events, in the most part, preceded the teenage conception. The new questionnaire data collected showed that teenage mothers were significantly more likely than older mothers to report that they had disliked school and had low or non-existent educational aspirations post-16. For many women, dislike of school began once they joined secondary school. The reasons why they disliked school were multiple, often involving both educational and social factors, but the central theme was discomfort with, and alienation from, the culture and values of schooling. Reports of bullying were not uncommon, adding to the picture of schools as uncongenial places. The women’s unhappiness with education led many to drop out or leave as soon as
they reached 16. This, combined with lack of qualifications and often low self-esteem, made finding employment difficult. Many young women were ambivalent and confused about their future direction in life; whether consciously, or unconsciously, becoming a mother became an option to fill the void.

**Poor sex education**

Many women cited poor sex and relationships education as a reason for their own pregnancy, and for the high level of unwanted teenage pregnancy in general. They related experiences of receiving sex education in schools that lacked relevance to their lives and was insufficiently hard-hitting. They said their parents communicated poorly with them in general, and specifically about sex and relationships issues.

**Many teenage parents report positive experiences**

For some of the women, the pregnancy was planned or, if not planned, wanted. For others this was not overtly the case at the time, but came to be viewed by many as a positive occurrence. Many women loved being mothers; for some having one or more children as a teenager turned their lives around in a positive way. The advantages of having children young were often stressed. Most of the small sample of children of teenage mothers who were interviewed reported that they had gained by having young mothers, even though they said developing their own careers while they were young was their own main priority.

**Violence**

Exposure to violence in the home, as well as other forms of family dysfunction, was a theme in the lives of the women who had become pregnant as teenagers, both when they were children and in their adult relationships. It also emerged as a theme for the children and the fathers. Violence at school in the form of bullying was also often mentioned.

**Teenage fatherhood**

The antecedents to teenage fatherhood amongst the fathers interviewed were unhappy childhoods, dislike of school and not using or failed contraception. The father’s relationship with the mother tended to be fragile at the outset and unlikely to endure. Fathers found it difficult to provide support.

**Consequences of teenage parenthood**

**Social exclusion, not teenage pregnancy, is the problem**

Our questionnaire data showed that teenage mothers were significantly more likely than older mothers to: receive means-tested benefits; not have worked recently; not to have school or university qualifications; and to be in social housing. Yet when adjustments were made for factors at baseline associated with teenage pregnancy such as poverty, living in social housing, lone parenthood, and leaving school before 16, the teenage mothers in the study were no more likely than the older mothers to have poor outcomes. This confirms the view that teenage pregnancy accompanies social exclusion but does not cause it. It is the poverty and social marginalisation that many, though not all, teenage mothers experience that needs to be addressed, rather than teenage pregnancy per se.

The questionnaire data also showed that there were few significant differences in
longer-term consequences for children of teenage mothers compared to those of older mothers. There were some differences in educational qualifications, with the children of teenage mothers having fewer.

**Protective factors for teenage parents**

The key factors that characterised the lives of those teenage mothers who had done well were: support from family; having a positive partner relationship; having employment they liked; and time, giving the opportunity to improve their life.

The amount and quality of support available was critical in distinguishing teenage motherhood with positive outcomes from teenage motherhood with less positive outcomes. In the interviews with mothers, support from family or partner was most important. The interview data particularly highlighted the positive impact of a good partner relationship, even for women who since the birth of their child had been victims of one or more poor and abusive relationships before finding a good relationship. Analysis of the longitudinal questionnaire data demonstrated that informal support played a significant role in protecting mothers from adverse outcomes in the long-term.

Employment that the women liked was important. Teenage mothers were more likely than older mothers to lack paid work and be living on benefits. Employment acted as a protective factor for teenage mothers if they felt they had chosen to work and if they liked their jobs. But there were many obstacles in the path of employment, particularly those involved in finding appropriate and affordable daycare, and particularly when the women were lone parents.

The effects of the passage of time, commented on by women during the interviews, often enabled teenage mothers to turn their lives around in a positive way.

**Conclusions and policy implications**

This study confirmed the associations shown in other research between socio-economic disadvantage and risk of teenage pregnancy, and highlighted the increased chances of teenage mothers, compared to other mothers, living in difficult circumstances. However, the study, like others, showed that the social disadvantages associated with teenage pregnancy and parenthood are a result of teenage mothers’ greater social adversity, not of their age per se.

Many young mothers feel positive about having children, and are clear about the ways in which social policy initiatives could improve outcomes for them and their babies. The importance of school, professional and family, partner and community support, including good quality and affordable daycare, all emerge clearly as protective, both in allowing choices about the age at which parenthood starts, and for those who do have children young.

A major finding is that dislike of school has a strong independent relationship with the risk of teenage pregnancy. The data also show that violence in school and domestic settings is an important risk factor. Both these concerns have received little attention in previous research.

Lack of appropriate sex education and adequate sexual health services also emerge in this study, as in others, as significant deficits associated with unintended teenage pregnancy.

Other findings include changes over time in the experience of teenage motherhood, with
some lessening of stigma and enlarged education and training initiatives reported now compared with ten or twenty years ago.

**The authors**
This research was carried out by Meg Wiggins, Ann Oakley, Mary Sawtell and Helen Austerberry at the Social Science Research Unit, Institute of Education, University of London; and by Felicity Clemens and Diana Elbourne at the London School of Hygiene and Tropical Medicine.

**How to obtain further details**
The full final report of this study is available to download from:
www.ioe.ac.uk/ssru/reports/teenagepregnancyandsocialexclusion.pdf

**About the programme**
The Teenage Pregnancy Unit (now located in the Department of Education & Skills), in partnership with the Research and Development Division, Department of Health commissioned a major programme of research under a number of themes in order to inform implementation, and development, of the Teenage Pregnancy Strategy.

Five themes were identified through consultation with the Teenage Pregnancy Unit’s policy team, other government departments, the research community and practitioners:

- The impact of growing up in rural and seaside resorts on the sexual behaviour and life-chances of young people.
- Attitudes and behaviour of black and minority ethnic young people relating to sexual activity, contraceptive use and teenage pregnancy.
- Black and minority ethnic young people’s experience of teenage parenthood.
- Educational experiences of pregnant young women and young mothers’ of school age.
- Long term consequences of teenage births for mothers, fathers and their children.

Reports and research briefings from all nine projects commissioned under these themes are now, or will shortly be, available from www.dfes.gov.uk/teenagepregnancy.

The views expressed in this report are the authors and do not necessarily reflect those of the Department for Education and Skills or the Department of Health.