

Teenage pregnancy and motherhood¹

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Summary: In a random sample of British-born women from a deprived inner London borough who were expecting their first baby, 31% were teenagers at the time they gave birth. The teenage mothers were compared with a group of older women randomly selected from the sample and both groups were followed up for 6½ years after the birth. The teenage mothers were more likely to have had a deprived background and to have experienced material disadvantage. Despite this, they and their children did as well as the older women on a wide variety of measures of physical and mental health. A comparison of the teenagers with another sample of women who did poorly (those who had been brought up in care) suggests that the lack of an adverse result amongst the teenagers was at least in part due to support from the womens' own mothers.

Introduction

During the last few years approximately 9% of all births in the United Kingdom were to women aged 19 or under. The proportion has fluctuated considerably over the past 40 years. There was a gradual rise from a very low rate at the end of the Second World War to one of 7% in 1961, and then a more rapid rise to a peak of 13% in 1971. This was followed by a steady decline to the present figure (OPCS 1981). These same years also saw a growth of concern, with teenage pregnancy and motherhood becoming increasingly to be seen as a problem in its own right (Furstenberg 1976). Phipps-Yonas (1980) states that the results of the mainly American research in this field suggest that 'a complex set of social and psychological variables leads those least well suited for the role into becoming teenage parents'. There is certainly good evidence that teenagers who become pregnant are very likely to have had a disadvantaged background, though there is little evidence that prior psychopathology leads directly to early conception (Shaffer *et al.* 1978). In the United Kingdom concern is heightened by the fact that almost half of children born to teenagers are illegitimate as opposed to 10% of those with older mothers (OPCS 1981).

To justify this concern it is, however, necessary to know the outcome for these young mothers and their children. Mothers who were in their teens at the birth of a first baby are more likely than most to have a small-for-dates baby (Butler & Alberman 1961) and are disproportionately represented amongst women who abuse their children (Smith *et al.* 1973). These facts alone would certainly suggest it is right to feel concern for the teenage mother, but in both cases, though the number of young women involved is higher than would be found amongst an older group, it is still only a very small proportion of teenage mothers who are implicated. In looking at teenage mothers as a whole, there is relatively little information. They are certainly very likely to remain severely disadvantaged financially (Furstenberg 1976). One study from Baltimore found that, even controlling for economic status, their children had lower IQs, poorer health and more behavioural problems than those of older women (Oppel & Roysten 1971). It is possible, however, that this outcome may not occur in all settings.

In this paper, information from a longitudinal study has been used to compare the progress through the early years of motherhood of representative samples of teenage and older women from a deprived inner London borough who, in 1974, were expecting their first baby.

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Methods

During 1974 all primiparous, British-born women, aged 16 and over, from an inner London borough who attended the antenatal booking clinics serving that borough were contacted and asked to complete a brief screening interview. Over 95% of the 534 eligible women agreed. Of these, 131 were randomly selected for detailed study, as were various subgroups who, on the basis of their interview replies, were regarded as being at risk for later difficulties (Wolkind & Zajicek 1981). In the random sample 41 (31%) were in their teens at the time of the birth. This compared with a figure of 35% in the original total sample. Of the teenagers, approximately two-thirds were aged 18 or 19, the remainder 16 or 17. For the purpose of this paper, the teenagers in the random sample have been compared with a randomly-selected group of 35 women aged over 20 years from that same sample.

After selection, the women were seen in late pregnancy and at 4, 14, 27, 42 and 82 months after the birth of the child. No woman was seen consecutively and only rarely on more than one occasion by the same interviewer. Interviews were semi-structured and were recorded both on paper and tape to allow reliability checks to be made. Included within the interview were various standardized instruments widely used in child psychiatric research, e.g. maternal mental state (Rutter *et al.* 1975), quality of the marriage (Quinton *et al.* 1976) and the behaviour of the child (Richman & Graham 1971). All items used for analysis had at least 85% inter-rater agreement.

Results

Of the 41 teenagers, 2 were excluded from the study. In one case the baby died, in the other it was adopted. The numbers seen ranged from 38 of the 39 (97%) at 42 and 82 months to 34 (87%) at 14 months. In the over-20 group the numbers seen ranged from 34 of the 35 (97%) at 14 and 82 months to 30 (86%) at 27 months. For certain questions, however, insufficient information was obtained to make a definite rating; the numbers successfully questioned are shown in the tables.

Over 75% of the women in both groups were brought up in the study borough, but in other respects their backgrounds differed considerably (Table 1). The teenagers were slightly more likely to have had fathers who were in non-manual occupations, but significantly more likely to have come from a family with 4 or more children. They were more likely to have come from a home which had been broken by circumstances suggesting continuing difficulties and disharmony – a 'disrupted' home (Wolkind *et al.* 1977). They were less likely to have had any further training since leaving school and to have had several recent changes of employment. During the pregnancy they were less likely to be married and far more were living with their parents.

In looking at their attitudes during pregnancy certain major differences were found (Table 2). Not surprisingly, fewer of the teenagers had planned or welcomed the pregnancy. Fewer anticipated motherhood with pleasure. They were more likely to have a fixed view of the sex of child they wanted. Of those who were married or cohabiting, fewer fathers were involved in

Table 1. Social and family background of teenagers and older women

	Teenagers	20+ women	χ^2 (d.f. = 1)
Father non-manual occupation	4/28 (14%)	9/27 (33%)	2.76
Family of origin: 4+ siblings	23/35 (66%)	8/33 (24%)	11.78 ▲
Family of origin: disruption	16/34 (47%)	7/31 (23%)	4.25 ●
Three or more jobs in last year	13/32 (41%)	4/32 (13%)	6.49 ●
Further training after school	2/35 (6%)	11/33 (33%)	7.76 ■
Married at onset of pregnancy	20/39 (51%)	30/35 (86%)	9.98 ■
Living with parents during pregnancy	25/39 (66%)	8/35 (23%)	12.70 ▲

● $P < 0.05$, ■ $P < 0.01$, ▲ $P < 0.001$

Table 2. Attitudes and behaviour during pregnancy of teenagers and older women

	Teenagers	20+ women	χ^2 (d.f. = 1)
Pregnancy planned	9/33 (27%)	23/32 (72%)	12.93 ▲
Pregnancy welcomed	7/33 (21%)	18/32 (56%)	8.43 ■
Positive anticipation of motherhood	10/34 (29%)	18/33 (55%)	4.35 ●
Definite sex preference for baby	20/33 (61%)	10/32 (31%)	5.63 ●
Father involved in preparation for baby	11/23 (48%)	24/26 (92%)	11.83 ▲
Smoking during pregnancy	19/34 (56%)	10/33 (30%)	4.46 ●

● $P < 0.05$, ■ $P < 0.01$, ▲ $P < 0.001$

the preparations for the baby. The teenagers were more likely to smoke during pregnancy. There were, however, no differences in the health of the mothers nor, it should be added, on a wide variety of other attitude questioning.

After the birth certain differences remained: these related to financial and social aspects. Of the mothers who were working 82 months after the birth, 44% of the younger group had unskilled jobs as opposed to 8% of the older working mothers. They were less likely to be living in a house (32% cf. 56%). Similar differences were found throughout the study. However, on virtually every measure relating to their attitudes and child-rearing practices, their own physical and mental health and the quality of their marital and other relationships, no differences were found. Almost equal numbers of teenagers and older women were, at the end of the study, living in two-parent families. The children born to the mothers of the two groups did not differ significantly in any aspect of health, development and behaviour. Areas examined included birthweight, Apgar score, admission to hospital, episodes of illness and the prevalence of a wide variety of physical and behavioural symptoms shown in both home and, at 82 months, school. An example of the lack of differences can be seen in the mother's psychiatric state. The rates of depression have been reported for the entire random sample for each stage of the study (Wolkind *et al.* 1980). The rate amongst the teenage group never differed from these by more than 10% and at most stages was slightly lower. On no measures were there differences between the 16 or 17-year-olds and those who were 18 or 19.

Discussion

Data from the first stage of the study, i.e. during pregnancy, suggested grounds for real concern for the teenagers and their as yet unborn children. Many variables were examined and it could be suggested that the few on which they differed from older mothers could have been due to chance. This is, however, unlikely, both because of the extent of some of the differences and the fact that virtually all the variables were associated with the one sphere of social and material status. They approached parenthood from a background of disadvantage and a high proportion were unmarried. Their frequent job changes and lack of training, and the fact that the majority were living with their parents, suggested that they may not have completed their adolescence. The picture of a group of young women not really prepared for motherhood was confirmed by their attitudes and behaviour during pregnancy. As in the American studies, material disadvantage was apparent after the birth. The striking finding, therefore, was that despite these difficulties no differences at all were found on any of the psychological, medical or psychiatric measures.

Clearly, it is necessary to attempt to explain how they overcame the social disadvantages and seemingly coped so well with the transition to parenthood. One way of doing this is to return to the data of the study and examine one of the subgroups of women selected as being at risk, namely those who, during their own childhood, had been admitted to local authority care. They fared badly on almost all the measures used. They had high rates of depression and marital difficulties and their children had many behavioural and other difficulties, both at

Table 3. Memories of childhood and contact with mother during and after pregnancy of teenagers and in-care group

	Teenagers	In-care group	χ^2 (d.f. = 1)
<i>Memories of childhood</i>			
'Happy'	21/35 (60%)	1/23 (4%)	18.26 ▲
Parents got on well	16/33 (48%)	3/21 (14%)	6.58 ●
Got on well with parents	19/29 (66%)	6/22 (27%)	7.32 ■
<i>Relationship with mother</i>			
Regular contact during pregnancy	29/37 (78%)	12/26 (46%)	6.98 ■
Mother supportive during pregnancy	27/37 (73%)	4/26 (16%)	20.26 ▲
Mother supportive after birth	17/37 (46%)	5/26 (20%)	4.80 ●

● $P < 0.05$, ■ $P < 0.01$, ▲ $P < 0.001$

home and school (Wolkind & Kruk 1985). One immediate effect of these findings is that they give confidence in the sensitivity of the interviewing techniques and their ability to detect problems, thus confirming the reality of the finding of no difference between the teenagers and the older group compared here.

The teenagers and in-care women came from similar backgrounds and both experienced continuing social disadvantage. They did, however, differ in certain important ways. Table 3 shows how differently they viewed the quality of their childhood. The predominantly negative perceptions of the in-care group contrast strikingly with the much happier memories of the teenagers. It has been suggested that it is during early childhood that the socialization experiences occur which determine an individual's parenting potential (Deutsch 1945). Was it then possible that the teenagers did well because, despite their early material disadvantage, their psychological upbringing was sufficiently good to allow them to cope? The second part of Table 3 suggests an alternative explanation. The perceived differences in early family experience are paralleled by actual experiences during the period of the study. At this very vulnerable time of transition, the in-care women received very little support from their own mothers (or their husbands, Wolkind & Kruk 1985). In contrast, the teenagers were well supported. A growing body of both empirical and theoretical work is pointing to the importance of supportive relationships in protecting individuals from psychiatric disorder and other types of dysfunction (see Parkes & Stevenson-Hinde 1982).

These findings suggest that under certain circumstances teenage mothers can cope perfectly well with motherhood. This study was, however, conducted in a district with a strong tradition of support from the extended family. Different findings might well be obtained elsewhere. A general task is to identify those young women without support. There is good evidence that professional help can, at least partly, replace it (see Wolkind 1981). Despite the good outcome, and the general impression gained from the interviews that the teenagers had 'matured' during the course of the study, it was noticeable that the women themselves, perhaps because of this maturation, felt they had been too young to start a family. Approximately half wished they had been older and the majority felt they would advise other women not to have a baby so early. The conclusions from this study, though reassuring in many ways, do nothing to lessen the need for health education.

References

- Butler N R & Alberman E *ed* (1961) Perinatal problems. Second Report of the 1958 British Perinatal Mortality Survey. Livingstone, London
- Deutsch H (1945) *The Psychology of Women*, vol II: Motherhood. Grune & Stratton, New York
- Furstenberg F F (1976) *Unplanned Parenthood. The Social Consequences of Teenage Childbearing*. The Free Press, New York
- Office of Population Censuses and Surveys (1981) *Population Trends* (Spring 1981). HMSO, London
- Oppel W C & Royston A B (1971) *American Journal of Public Health* **61**, 751-756
- Parkes C M & Stevenson-Hinde J *ed* (1982) *The Place of Attachment in Human Behavior*. Basic Books, New York

- Phipps-Yonas S** (1980) *American Journal of Orthopsychiatry* **50**, 403–431
- Quinton D, Rutter M & Rowlands O** (1976) *Psychological Medicine* **6**, 577–586
- Richman N & Graham P** (1971) *Journal of Child Psychology & Psychiatry* **12**, 5–33
- Rutter M L, Cox A, Tupling C, Berger M & Yule W** (1975) *British Journal of Psychiatry* **126**, 493–509
- Shaffer D, Pettigrew A, Wolkind S N & Zajicek E** (1978) *Psychological Medicine* **8**, 119–130
- Smith S M, Hanson R & Noble S** (1973) *British Medical Journal* **ii**, 388
- Wolkind S N** (1981) In: *Pregnancy: A Psychological and Social Study*. Ed. S N Wolkind & E Zajicek. Academic Press, London; pp 195–218
- Wolkind S N, Hall M F & Pawlby S** (1977) In: *Epidemiological Approaches in Child Psychiatry*. Ed. P Graham. Academic Press, London; pp 107–123
- Wolkind S N & Kruk S** (1985) In: *Practical Lessons from Longitudinal Studies*. Ed. R Nicol. Wiley, London (in press)
- Wolkind S N & Zajicek E ed** (1981) In: *Pregnancy: A Psychological and Social Study*. Academic Press, London
- Wolkind S N, Zajicek E & Ghodsian M** (1980) *International Journal of Psychiatry* **1**, 167–181