Positive experiences of teenage motherhood: a qualitative study

Clare J Seamark and Pamela Lings

SUMMARY

Background: *Teenage pregnancy is seen as a cause for concern in the United Kingdom (UK). However, there has been little research from primary care looking at teenage motherhood and its implications.*

Aim: *To investigate the experiences of teenage mothers in relation to their role as mothers and their expectations of their futures.*

Design of study: *Qualitative study.*

Setting: *East Devon, England.*

Method: *Nine women who had conceived their first child while still a teenager agreed to participate. Semi-structured interviews were undertaken, audiotaped, transcribed, and analysed using interpretative phenomenological analysis.*

Results: *The women expressed positive attitudes to being mothers and described how it had affected their lives. For some, motherhood had been the impetus to change direction and consider a career, because they had someone else for whom they were responsible. They recognised that they were still young enough to enter further education or other aspects of employment as their children grew up.*

Conclusions: *For the women in this study, having been a teenage mother did not mean that their life and future were all over. Motherhood and bringing up children were valued in their own right. The women were realistic about their futures, often making plans to develop their careers.*

Keywords: *adolescent; parental age; qualitative research; teenage pregnancy.*

C J Seamark, MD, MRCGP, MFFP, general practitioner, The Honiton Group Practice, Marlpits Lane, Honiton; P Lings, PhD, qualitative researcher, Peninsula Medical School, Exeter.

Address for correspondence

Dr Clare Seamark, The Honiton Group Practice, Marlpits Lane, Honiton EX14 2NY. E-mail: cjseamark@doctors.org.uk

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Introduction

TEENAGE pregnancy is a focus of concern in the United Kingdom (UK). This is because the rates of teenage motherhood are higher than in other Western European countries and have not fallen as fast as rates in those countries. Decreasing the rate of teenage pregnancy has been the target of government health initiatives over the last few years.[1,2] The first target from *The Health of the Nation*[1] (to halve the 1989 under-16 pregnancy rate by 2000) was not met and the current target of the Social Exclusion Unit's report[2] (to halve the under-18 pregnancy rate) may also not be achieved; however, it is important to remember that teenage pregnancy rates are now lower than they were in the late 1960s and early 1970s.[3,4]

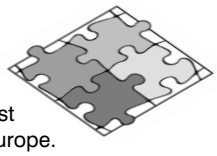
Rates of teenage pregnancy vary widely and are highest in more deprived areas.[5] There are also variations between outcomes of the pregnancies with more women in poorer socioeconomic situations continuing with the pregnancy.[6] Concern over teenage pregnancy has focused on a number of areas. Previously there was concern that early childbirth was harmful for the mother.[7,8] This does not appear to be the case for well nourished women in developed countries at the end of the 20th century,[9] and the rate of caesarean section is about half of that for older women.[9] There may be slightly higher rates of perinatal death among teenage mothers, but these are less than those for older mothers.[10]

Concern is also expressed that teenage pregnancy causes or perpetuates a cycle of deprivation.[7,11] However, it is becoming increasingly clear that problems of deprivation relate more to the background of the woman than to the age at which she starts childbearing.[12,13] Reviews in the United States (US) have suggested that many of the negative outcomes, such as poverty and deprivation, previously ascribed to the mother's age are as much causes and correlates of teenage pregnancy as effects.[14]

Women who become pregnant in their teens may well have their education interrupted. However, it is important to be aware of the fact that this may have happened before the pregnancy.[13,15] Additionally, there are increasing opportunities for people to continue their education at older ages. It may also be more appropriate to consider educational status later in life rather than at the time of a teenage pregnancy.[13] In the US, a number of studies have followed the families of teenage mothers over longer periods. These studies show that although the families may enter the welfare system earlier in the family age cycle, they will leave it sooner than women of similar socioeconomic backgrounds who start their families later.[16,17]

There is concern that starting a family young also limits women's opportunities for their futures. However, it has

HOW THIS FITS IN



What do we know?

The United Kingdom (UK) has the highest rate of teenage pregnancy in Western Europe. This is often portrayed negatively by both the media and in research evidence. However, little research has come from primary care, where most of these women receive their care.

What does this paper add?

This study found that young motherhood can be fulfilling, and may provide the impetus to move forward with life and careers.

also been suggested that previous research has been preoccupied with demonstrating that early childbearing creates serious disadvantage and overlooks the fact that young mothers overcome obstacles and even derive psychological benefit from childbearing and rearing.[18] There has been little longer-term research on these families in the UK, and research from primary care — where most women and their offspring receive their care — has been lacking.[19]

This study sought to understand the experiences of women who had started their families as teenagers and were in their early twenties at the time of interview. The qualitative methodology of interpretative phenomenological analysis was used.[20]

Method

Ethical approval for the study was obtained from the local research ethics committee in Exeter.

Participants

The mothers were identified from the Honiton Practice computer database as women born between 1975 and 1981 who had experienced a teenage pregnancy. Purposive sampling was used to select a homogeneous group of women who had first conceived as teenagers. Interpretative phenomenological analysis is concerned with the experiences of small homogeneous groups and not with looking for variations and extremes, as in grounded theory. As the women were drawn from one practice area, they would have many social and educational factors in common, for example, attending the same school and growing up in the same social environment. Certain criteria for final selection were used:

- the woman had to have conceived her first child before the age of 20 years;
- that pregnancy had to have gone to successful completion (termination, miscarriage and stillbirth excluded); and
- the woman had to have that child with her (not adopted or in care).

Women who had had their first pregnancy terminated, but conceived again before the age of 20 years and had had the child were eligible. In total, 17 women were approached for interview.

The interview

One researcher carried out all the interviews. Interviews were offered at the participant's convenience either in their own home or in the surgery. Young children accompanied half the women interviewed. In all cases every effort was made to allow the woman to feel relaxed and at her ease. The interviews in which the mother's offspring were present were, at times, interrupted to attend to the young person, but otherwise progressed smoothly. Interviews took place between March 2000 and January 2001.

An outline interview schedule (see Supplementary Appendix 1) was used as a starting point and areas that arose spontaneously were followed up in greater depth. The following areas were covered in each interview:

- background demographic detail,
- situation prior to the index pregnancy,
- what happened on discovery of the pregnancy,
- the index pregnancy and birth,
- health and lifestyle choices,
- postnatal period,
- the child, and
- overall experience of teenage motherhood.

Interviews were audiotaped with the participant's permission and confidentiality assured. The interviews were then transcribed.

Data analysis

Interpretative phenomenological analysis is interested in the participant's experience of the topic under investigation and, as such, does not attempt to produce an objective statement.[21] It is an attempt to unravel the meanings in the person's account through a process of interpretative engagement with the interviews and transcripts.[22] The process started by taking one transcript and analysing it repeatedly and in depth. Initial notes were made and, as the researchers became more familiar with the text, emerging themes were grouped together into master themes. Each transcript was then read repeatedly, looking for new themes and confirmation of those already identified. The process is ongoing and iterative with continued returning to the raw data.

The overall aim of interpretative phenomenological analysis is to translate the themes into a narrative account, attempting to find interesting and essential points to tell the audience. The account present here may not be the only possible interpretation, but it can be justified from the raw data — the verbatim extracts provide the evidence base for the thematic account and their inclusion provides a means of validation.[23] Although not primarily concerned with testing a hypothesis or generating a theory it may be possible to move towards a tentative 'grounded' theory.[24]

Results

Of 17 women approached to take part in this study nine agreed (53%) and were interviewed. Details of the mothers are in Table 1. Their names have been changed to provide

anonymity and protect confidentiality. The following master themes emerged from the interview data.

The birth and becoming a mother

Although most of the women had not planned their pregnancy, and the reaction of their partners and family may not have been initially supportive, they had very positive attitudes to being a mother and what that meant to them. Most of the women had felt an immediate bonding relationship when the baby was born:

'Oh brilliant, really, really sort of excited, I don't know. It's something you can't really describe can you? It's only a mother's sort of bond with her child, and you don't want anything to happen to it, you know, to them.' (Faye.)

They also reflected on the positive effect it had on them, although this was tempered with realism:

'I thought she was fantastic, fabulous. She changed me as soon as she was born. I grew up straight away. And ever since she was born, she made me feel completely different. I sort of totally grew up.' (Chloe.)

'I loved her to pieces, it was very, very hard, but it fell into place immediately ... I know people can reject their babies, especially being so young, but I loved her to pieces immediately, both my children'. (Georgina.)

For a couple of the women the bonding feeling did not come quite so naturally or immediately:

'I didn't say anything to anyone, but I did want a girl, but I didn't know when he was first born. I suppose there was a little bit of "he's not a girl," but that didn't last at all, about 10 seconds, something like that, I don't know really. Just a rush of love I suppose.' (Helen.)

'I was absolutely dreading it, to be honest. I think it was the day before I gave birth, I was frightened as to how I was going to cope, but once I saw the baby in front of me, it was like "oh my god, a little human being," sort of thing. So it was like, it wasn't too bad. I loved it actually, to be honest.' (Isobel.)

Together with this surge of love was the feeling that the baby must be protected at all costs. For some women this meant giving the child the love and affection that they had not had. This was the experience for Donna, who had planned her pregnancy, and had had a disruptive childhood herself as her mother had had different partners:

'I can remember it so clearly. It was like he was just the most beautiful thing in the whole world and ... I just wanted to look after him in a way, like I hadn't been looked after, or not that I could remember very much.' (Donna.)

Table 1. Participant details.

Name	Age at conception (years)	Age at interview (years)	Number of children	Previous pregnancy (age in years)	Subsequent pregnancy	Occupation	Social circumstances	Housing
Anna	19	23	1	TOP (17)	TOP	Mother; doing Access course for nursing	Single; on benefits	Housing association
Beth	19	25	3	TOP (17)	2 children	Mother; A-Levels planned	Married; husband supports	Owner-occupied
Chloe	17	25	2		1 child; pregnant (new partner)	Mother	Living as married with father of second child; partner supports	Housing association
Donna	16	25	2		TOP	Mother; youth community worker	Married; husband supports	Owner-occupied
Ellie	16	21	2		TOP	Mother; care worker	Living as married with father of children; partner supports	Owner-occupied
Faye	18	25	3		Ectopic	Mother; part-time job arranged	Married; husband supports	Owner-occupied
Georgina	14	22	2		1 child (new partner)	Mother; care worker	Living with father of second child; partner supports	Private rented
Helen	18	23	2		1 child (different partner)	Mother	On benefits; little support from fathers	Council housing
Isobel	19	25	3		2 children (different partners)	Mother	With another partner; no support from fathers of children; on benefits	Council housing

TOP = termination of pregnancy.

Reflections on early motherhood

The women reflected on how having a child at a young age had affected them and their plans for the future. In some ways they were ambivalent about this, at times suggesting that they might have been too young, but also feeling that it had been right for them and that they had made the right choice. This was clearly seen in Anna's experience:

> *'I wish I'd waited until I'd got my career underway, or until I'd found a partner that we'd planned it with, and that could* [have] *maybe given us a better start. But at the same time if I hadn't had* [the] *baby I might not have chosen the career that I wanted to be in. I think maybe he's given me a bit of a push, to sort my life out into what I want to do and where I want to go. So I think there's a lot of positive things come out of it as well ...'* (Anna.)

Having children to provide for and look after seemed to give the women an added impetus in their lives:

> *'I didn't really know what I wanted to do* [before]*, and I sort of didn't have any ambitions, whereas now I'm determined to go and make a success 'cos I have to for them.'* (Beth.)

Donna, who had planned her first pregnancy, thought she had not missed out on life, but that possibly she had had her second child too quickly (after a gap of 3 years). This might have been partly influenced by the fact that her daughter was born with some problems and is blind in one eye:

> *'Looking back now, I'm really glad I had them when I did have them … I don't feel like I missed out on anything, because my husband's always, because we've always worked and we've been fortunate to earn, you know, quite decent money, so I've never sort of like missed out on my growing up or anything like that, but I think ... maybe I should have waited a bit longer before I had the second one, but I don't regret having my first when I did, even though I was young.'* (Donna.)

Georgina, the youngest mother, thought she was probably too young to have a child when she became pregnant, although she had made the best of her circumstances when she became a mother. However, she knew that once she was pregnant she had made the right decision, and could not have coped with having an abortion or having her child adopted although she had a lot of family pressure to terminate the pregnancy:

> *'I do think I was too young. I wouldn't advise people to have …* [a baby so young] *... I mean, I wouldn't, looking back on it now, I wouldn't have her aborted or adopted. I'm still pleased I made that decision, but if I'd caught myself before I got pregnant I wouldn't have, you know what I mean.'* (Georgina.)

Aspirations for the future

Having a child earlier than they had originally anticipated (with the exception of Donna, who had planned her pregnancy) had a disruptive effect on all the women's education and employment prospects at that stage in their lives. However, this did not mean that they felt that this part of their life was over — in fact most of them were positively anticipating developing careers as their children grew, and some had started on long-term plans in this area.

Chloe was about to have her third child and Isobel had just had her third, and both were full-time mothers at the time of interview, as was Helen. This did not mean that they were not looking at their futures; they could see the fact that most of their lives were ahead of them:

> *'So I've got a lot of years ahead of me, so I could still do that* [finish my BTEC] *if I wanted to.'* (Chloe.)

> *'... as I see it, when they grow up, I've still got loads of my life left to go and do what I want to.'* (Helen.)

Isobel had been offered a job as a nursery assistant but had been unable to take it as she was having her third child. She had always wanted to be involved in child care:

> *'I'm still determined to go on and do it. I'll just have to wait until* [the] *baby starts school, sort of thing, and see if I can do it from there. I do a lot of helping at the primary school, I do a lot of voluntary work over there.'* (Isobel.)

As mentioned, some of the young mothers had already started on their career development. Two were making serious plans to study nursing. Anna was undertaking an Access course to start nursing the following year:

> *'I need to do this year, so I can go on to do, do my nursing next year. It was basically the easiest way to do it. I could have gone back and done my GCSEs, but that would have taken me a lot longer, probably taken up more of my time, this way they recognise it at universities, so I'm able to get in with an Access course.'* (Anna.)

Beth was also planning a nursing career and had started taking steps towards this, which involved her husband taking a larger share of the child care. She, however, was going to wait until her children were of school age before undertaking her nurse training:

> *'I've spoken to places where I'm going to train and I'll apply probably in a couple of years or so … In the spring I'm going to take a couple of A-levels, just to prove that I can still learn, just to give me an advantage over people just coming out of school and college, and hopefully it will go well.'* (Beth.)

Faye had already lined herself up with a part-time job in a bank. Donna, Ellie and Georgina were working with social services and care homes. Donna and Ellie already

had some qualifications and Donna was planning to do further courses. Georgina, who was still only 21 years old, was planning to progress with her career in care work when her younger child was a little older. Although this was different from the career she had originally envisaged for herself, she was looking forward to starting in this new field:

> *'I'd always said I wanted to go into law or something, so I had planned to go to college and maybe university or something like that ...* [Now] *I would like to go into nursing … I do quite like my job* [as senior care assistant]*, so I would ideally like to go into some sort of auxiliary nursing if I couldn't be able to do my training, so I really would like to move forward my career.'* (Georgina.)

Overall the women seemed content with their current situation and looked forward to moving their careers forward as their children grew and became less dependent on them. Although their plans for the future may have been disrupted by their pregnancy they certainly did not see their lives as having been ruined by it. This attitude of optimism and realism seemed to sum up how they approached their lives and their futures:

> *'But I've never had that* [a steady well paid job]*. I've always worked around the children, which is strange, but we make the best of it don't we?'* (Georgina.)

Discussion

Summary of main findings

On the whole the young mothers were very positive about their experiences of motherhood. Although at times they described hardships they had been through and the adaptations they had to make, overall they felt it had been worth the privilege of having children. They described having a child as changing them and allowing them to grow up. The women were proud of their children and wanted the best for them and in some cases wanted to care for them in a way that they themselves had not experienced. They were also realistic about their responsibilities; some saw being a full-time mother as important while the children were young, but this did not mean that they did not have plans for the future. Those that had returned to work or education were still determined to provide for their children.

Strengths and limitations

The strengths of this study come from the richness and quality of the data derived from the in-depth interviews, in which the mothers shared their experiences of teenage motherhood.

One limitation is that only nine of the 17 women approached were interviewed, although this response ratio is relatively normal for an in-depth qualitative study such as this. There was no discernable bias in the ages or backgrounds of those who participated and those who did not.

The interviewer was a general practitioner (GP) and had been previously known to some, but not all, of the women. The women may have been trying to please the interviewer and tell her what they thought she wanted to hear, although the researchers were aware of this and, from the transcripts, it appeared that the women were open and did not appear inhibited. The women did share quite personal experiences and thoughts and, although a health professional, the interviewer was not a mother and hence in that respect was the novice.

It may have been that the mothers were now at a more settled stage of their lives and were able to look back more positively than would have been the case if interviewed at the time of the birth. Sometimes peoples' analysis of their experiences later does not completely correlate with their feelings at the time.[22] However, this does not detract from the current position of these women, and it is important to know how they are coping as their children grow, rather than simply knowing their feelings around the time of the birth.

There is no expectation of generalisation from a qualitative study such as this, however tentative conclusions can be drawn from the experiences of these women and may be applicable to more women than took part in the study.[24]

Relationship to other work

Much previous work and comment on teenage pregnancy and motherhood, has tended to be negative.[1,2,8] However, more recent work has suggested that many of the socioeconomic problems previously associated with teenage pregnancy may have been exaggerated, or are more a consequence of the background rather than the age of the women.[11-18] There has been little work, particularly in the UK, on how teenage mothers view their future and what they do with it.[19]

One study did find that, although teenage motherhood might have been a struggle, it was not regretted and there could be real benefits.[25] This study also found that being a parent made the mothers feel they were stronger and more competent and responsible than before they had children. It was almost as if the child had saved them from themselves, and given them a purpose.[25] This was similar to how the mothers in this study, who were realistic in their attitude to parenthood and bringing up their children, described their experiences.

Implications of the findings

There is still much we do not understand about teenage pregnancy and motherhood. Many of the previously held assumptions are being challenged. This study reassesses the idea that a teenage pregnancy ruins a woman's life and has shown that it can be, in fact, the turning point to maturing and developing a career. Teenage pregnancy at the beginning of the 21st century may not be as bleak as sometimes portrayed, particularly if family, health professionals and society support the mother. Further research, particularly on the longer-term effects of teenage motherhood is needed.

Although the teenage mothers in this study had often experienced quite major difficulties because of their young childbearing, such as pressure from family members to terminate the pregnancy, they seemed to cope

with these in a mature way. Often they had seen motherhood as the turning point that helped them to see what they wanted to do with their lives. This was partly because of the responsibility of looking after the next generation. Although they realised that they had missed out on some of the experiences of their contemporaries, they saw motherhood as more rewarding. They were optimistic about their futures and often planning new careers. Contrary to the idea that a teenage pregnancy ruins a young woman's life, and that it signifies the end of her education and aspirations for the future, the experiences of these young women were positive and adaptive.

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Supplementary information

Additional information accompanies this paper at: http://www.rcgp.org.uk/journal/index.asp

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