ABSTRACT

Background  Teenage pregnancy has been portrayed as problematic and leading to negative long-term health outcomes. However, this assumption has been questioned. This qualitative study explores the experiences and future aspirations of teenage mothers in North West England.

Methods  Ten in-depth qualitative interviews were conducted with teenage mothers recruited from children’s centres located in deprived areas.

Results  The young mothers felt motherhood was a positive experience, which provided them with a valued social role. Within the communities they lived, they felt well supported. For many of the young mothers, dislike of school had occurred pre-pregnancy and becoming a mother had led the young women to reassess the value of education and employment. However, in common with many older mothers, while their child is young they choose to prioritize motherhood. The young women relied heavily upon family and the support of trusted professionals.

Conclusions  Motherhood can be a positive experience that makes sense in the lives of young women from disadvantaged backgrounds. To be effective, policy must recognize the valued social role motherhood provides for these young women. The negative long-term outcomes observed may largely be a result of their disadvantaged position within society and this should be the focus of interventions.

Keywords  policy, social exclusion, teenage pregnancy, qualitative research

Introduction

Teenage pregnancy and parenthood are often viewed as public health problems and as such are the focus of policy concern. This is particularly true of the UK, where teenage pregnancy rates are higher than in other Western European countries, and decreasing the rates of teenage pregnancy has been the target of government health policies for the past three decades.

Previous UK policy has linked teenage pregnancy to negative long-term health outcomes and social exclusion. However, this view has been challenged. Measuring the impact of having a baby at a young age is complex. It is true that teenage pregnancy is associated with a variety of socio-economic, educational and health indicators of social exclusion; however, association does not prove causation. Young women from disadvantaged backgrounds are more likely to have a baby while a teenager and therefore it is hard to establish whether becoming a young mother leads to poor outcomes in terms of health, education and employment or whether the poor outcomes and teenage pregnancy are both a result of pre-pregnancy disadvantage. More sophisticated quantitative studies have taken a ‘natural experiment’ approach controlling for both observable and unobservable factors, which may predispose young women to teenage motherhood. A systematic review of these studies found that having a baby as a teenager was associated with less long-term negative outcomes for the mother and her child(ren) than previous studies had suggested.
Furthermore, some qualitative studies, which explore the perspectives of the young mothers themselves, challenge negative depictions of teenage motherhood and suggest that becoming a mother may be a positive experience for young women, especially those from disadvantaged backgrounds.13–16 These qualitative studies reveal that in the face of factors which made their lives difficult, young mothers work to develop and sustain ‘resilient mothering practices’.17

Previous policy in the UK was successful in reducing the under 18 conception rate, and recognized that as not all teenage pregnancies can be prevented effective policies to support young parents must also be implemented.3 More recently, the UK Government has decided not to continue with a national teenage pregnancy strategy and has instead chosen to give local areas independence to promote policies that reduce teenage pregnancies and support young parents in their areas. Intervening in a positive way in the lives of young mothers is a challenging task and how best to improve long-term outcomes remains an important question for local decision makers. Qualitative research offers a means through which real-life experiences can be taken into account in relation to policy-making.

This study aims to explore the experiences of young mothers living in a deprived area of the UK with the overall aim of informing effective future local polices to support young mothers (Box 1).

<table>
<thead>
<tr>
<th>Box 1 Summary of the experience of being a young mother</th>
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<tbody>
<tr>
<td><strong>The mother identity</strong></td>
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<tr>
<td>Motherhood is a symbolic identity which provides a valued social role</td>
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<tr>
<td>Prioritize motherhood over other roles</td>
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<tr>
<td>Role as mother provides the young women with sense of self-worth and resilience in the face of material hardship</td>
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<tr>
<td>Stress their competency as good mothers despite their young age</td>
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<tr>
<td><strong>Stigma</strong></td>
</tr>
<tr>
<td>Aware of negative depiction of young mothers within wider society and media</td>
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<tr>
<td>Experience of negative reactions when out with children from strangers</td>
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<tr>
<td>Feel unfairly judged due to young age</td>
</tr>
<tr>
<td>Defensive about dependence upon welfare benefits, stress this is a temporary situation</td>
</tr>
<tr>
<td>Negative judgements reinforces motherhood identity</td>
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<tr>
<td><strong>Social support</strong></td>
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<tr>
<td>Young motherhood is normal within local communities in which the young women live</td>
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<tr>
<td>Loss of contact with friends who do not have children</td>
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<tr>
<td>Have strong family support networks</td>
</tr>
<tr>
<td>Value support from trusted professionals</td>
</tr>
<tr>
<td>Future aspirations related to education, training and employment</td>
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<tr>
<td>Dislike of school often occurs pre-pregnancy</td>
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<tr>
<td>Becoming a mother leads to a feeling of increased maturity and motivation to succeed</td>
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<tr>
<td>Conflict between motherhood role and taking up opportunities in education, training and employment</td>
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<tr>
<td>Childcare costs are a barrier to taking up opportunities</td>
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| Methods |
In order to explore the young mothers’ experiences and perspectives, a qualitative approach was used. This research was conducted from a social constructionist and symbolic interactionist perspective. Social constructionism informs us that motherhood is a socially constructed concept,18 while a symbolic interactionist perspective allows a focus on how the young mothers interpret their lives. The young mothers’ construction and understanding of the reality of their lives will differ from the perspective of others. Conducting the study from this theoretical approach therefore allows a focus upon how the young mothers construct and maintain their identities and how this impacts upon their behaviour, choices and actions.19

Ethical approval was obtained from the University of Liverpool prior to commencing field work. A purposive sample of young mothers was recruited via two children’s centres located in deprived areas with high rates of teenage pregnancy in the North West of England. Young mothers who attended drop-in sessions were provided with information regarding the study by children’s centre staff. The young mothers then volunteered for the study. All the young mothers recruited were from poorer backgrounds and were White British in origin (see Table 1). Names have been changed to maintain anonymity. No participants dropped out of the study.

E.A. conducted in-depth interviews with 10 young mothers in a private room in the children centre setting. Each interview lasted around 1 h and comprised discussions covering (i) their experience of being a young mother, (ii) their social support networks and (iii) their future aspirations in relation to education, training and employment. Interviews were digitally recorded (with permission) and transcribed verbatim. Transcripts were returned to the research participants to validate that it reflected their perspectives.
Box 2  Further examples of participant’s comments on key themes: Mother identity
Role as mother provides the young women with sense of self-worth and resilience in the face of material hardship
‘I have found it really hard especially as I don’t have much money, I am counting the pennies to buy nappies and clothes, and all the money I have goes on him. But you just learn to cope. You just learn to get on with it and think well this is my life now’ (Hannah, 18 years old, with 5 month old boy).

Stress their competency as good mothers despite their young age
‘I love my baby like a 32 year old woman would love their baby. I just don’t see what the difference is. It is just cos I have got a baby younger than they did. I have got a baby and then once she is older I have got the rest of my life to live, it has not ruined my life at all it has made my life better’ (Amy, 19 years old, with 18 month old daughter and 36 weeks pregnant).

Box 3  Further examples of participant’s comments on key themes: Stigma
Aware of negative depiction of young mothers in society
‘I think the only time you hear about a young mum is about something negative. You don’t hear this young mum has done this good thing, you only hear oh look at this young mum she has been caught stealing or not looking after her child. You never see anything positive about them you only see the negatives’ (Lauren, 18 years old, with 19 month old son and 11 week old daughter).

Experience of negative reactions when out with children from strangers
‘Yeah when you are on the bus, and they look at you and they think look at her with that baby she probably doesn’t look after him, and I do, do you know what I mean, and they look at you, especially old women, they look at you as if to say that is disgusting’ (Jessica, 17 years old, with 7 month old son).

Negative judgements experienced reinforce mother identity
‘My sister is older than me and she lost her baby because she couldn’t look after her. But I am completely different to that

<p>| Table 1  Details of interview participants |
|-----------------|----------------|----------------|----------------|----------------|</p>
<table>
<thead>
<tr>
<th>Age at the time of interview</th>
<th>Children</th>
<th>Partner status</th>
<th>Educational achievements</th>
<th>Household type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloe 18</td>
<td>5-month-old girl</td>
<td>Single</td>
<td>GCSEs</td>
<td>Lives with family</td>
</tr>
<tr>
<td>Emily 19</td>
<td>15-month-old boy</td>
<td>Single</td>
<td>GCSEs, diploma in horse management</td>
<td>Lives with son in council house</td>
</tr>
<tr>
<td>Jessica 17</td>
<td>7-month-old boy</td>
<td>In relationship with father of child</td>
<td>GCSEs</td>
<td>Lives with family</td>
</tr>
<tr>
<td>Lucy 16</td>
<td>8-month-old boy</td>
<td>Single</td>
<td>None</td>
<td>Lives with family</td>
</tr>
<tr>
<td>Emma 18</td>
<td>6-month-old girl</td>
<td>In relationship with father of child</td>
<td>GCSEs</td>
<td>Lives with daughter in council flat</td>
</tr>
<tr>
<td>Megan 19</td>
<td>24–month-old boy</td>
<td>In relationship with father of child</td>
<td>GCSEs, NVQ hairdressing</td>
<td>Lives with partner and son in private house</td>
</tr>
<tr>
<td>Lauren 18</td>
<td>3-month-old girl and 19-month-old boy</td>
<td>In relationship with father of child</td>
<td>None</td>
<td>Lives with partner and children in private house</td>
</tr>
<tr>
<td>Hannah 18</td>
<td>5-month-old boy</td>
<td>In relationship with father of child</td>
<td>GCSEs, NVQ hairdressing</td>
<td>Lives with partner and son in private house</td>
</tr>
<tr>
<td>Sophie 19</td>
<td>9-month old boy and currently 21 weeks pregnant</td>
<td>In relationship with father of children</td>
<td>GCSEs</td>
<td>Lives with son in council house</td>
</tr>
<tr>
<td>Amy 19</td>
<td>18-month old girl and currently 36 weeks pregnant</td>
<td>In relationship with father of child</td>
<td>GCSEs</td>
<td>Lives with son in council house</td>
</tr>
</tbody>
</table>
and I am a lot younger than her, so people shouldn’t judge you because of your age. It just depends on the person I think’ (Emma, 18 years old, with 6 month old daughter).

Box 4 Further examples of participant’s comments on key themes: social support

Loss of contact with friends who do not have children
‘I mean it is very easy to get isolated because you don’t want to go out with your old friends anymore because the baby is your life and like your responsibility’ (Chloe, 18 years old, with 5 month old daughter).

Strong reliance on family support
‘It is hard at the moment finding enough money. I can’t really do with the £40. So my mum and his dad help me with it because otherwise I don’t know what I would do? That is why people definitely don’t have babies for the benefits, cos you couldn’t live on the benefits’ (Jessica, 17 years old, with 7 month old son).

Importance of new support networks based around mother identity
‘The drop in sessions are great, I have met lots of new friends. You can talk about the same things and you have all got the same things in common, like you have all got babies like around similar ages, so like you can just have a good chat’ (Lucy, 16 years old, with 8 month old son).

Thematic analysis was used to identify key themes from the transcribed data. An inductive approach was taken with codes being allowed to emerge from the data. E.A. coded the transcripts, with codes being identified and revised both within and between transcripts. A refinement and validation exercise was then conducted with the second author and the codes were subsequently developed into themes.

Results

The findings are presented under four themes; the mother identity, stigma, social support and future aspirations. Further quotes related to each of the key themes are provided in Text boxes 2–5.

The mother identity

Only one of the young mothers interviewed had planned her pregnancy. Upon discovering they were pregnant the rest of the young women initially felt shocked and disappointed with themselves. However, following the birth of the baby the young women’s perspectives changed. They believed that becoming a mother offered them a symbolic identity and a valued role: Oh I love it. I didn’t expect to be a mum at this age, maybe when I was older, but I love it. I wouldn’t change it for the world. I just love getting up of a morning and seeing him and just everything about being a mum really (Jessica, 17 years old, with 7 month old son).

Although the young women describe motherhood as a positive experience, this was tempered with realism, they did not deny that being a mother on a low income is hard, but rather that this is something they have learned to cope with. The young women all expressed the opinion that their young age did not affect their ability to be competent mothers.

Stigma

The mothers were aware of the negative depiction of teenage mothers within British society. They highlighted the fact that there were only ever negative stories about young mothers in the media. Many of the young women had experienced negative reactions from others since becoming a mother. This was mostly in the form of looks from strangers and leading them to feel that they were being unfairly judged.
They make a judgement don’t they? Like you shouldn’t be having a baby so young, like what are they doing? They are only a baby themselves. But I mean, at the end of the day, once you have a baby you have got to grow up, you have got to (Lucy, 16 years old, with 8 month old son).

The young mothers contested the negative depictions of them by stressing their ability as mothers. All of the young mothers interviewed were currently on benefits and four lived in council houses. However, the stigma that exists around young mothers and benefits meant that they appeared uncomfortable about this fact and stressed this was a temporary situation:

‘I come from a family where they work. We work for our money and stuff like that. We don’t live off the government unless we have to. So at the moment I have to, because I haven’t got any money coming from anywhere else, but I won’t be taking it off them forever’ (Emma, 18 years old, with 6 month old daughter).

Social support
For many of the young mothers interviewed within their local community, becoming a mother at a young age was viewed as a normal occurrence. One young mother described how the majority of her friends already had children and so her having a baby was viewed as normal:

‘I have got quite a few friends with babies. I was pretty much the last one to have a baby and I am the oldest (laughs). So I think it can be quite difficult if all your friends haven’t got kids; but if you are like me and you were the last one, you kind of slot into place.’ (Sophie, 19 years old, with 9 month old boy and 21 weeks pregnant).

Therefore, rather than being socially excluded, many of the young mothers were able to draw upon broad social support networks to help them in their new role.

For some of the young mothers, their new role as a mother meant that they now have different interests and priorities than their friends without children:

It is quite easy to get into a bit of a rut of being stuck in the house. I don’t see hardly any of the people I was friends with before I had the baby (Emily, 19 years old, with 15 month old son).

The young mothers had developed new support networks with other young mothers and trusted staff members through attending the drop-in centres at the children’s centres. This provided them with significant emotional support, as well as practical advice related to educational opportunities, benefits, housing and child care.

Future aspirations related to education, training and employment
The young mothers described how becoming pregnant had disrupted their position in education or employment. However for many of them, this disruption had started prior to their becoming pregnant. Several of them expressed how much they had disliked school:

I wish I could go back. But at the time, you want to go out with your mates and stuff don’t you? Not do homework and things. I just hated being there (Emily, 19 years old, with 15 month old son).

They described how becoming a mother meant they had become more mature. They all expressed aspirations to return to education or employment and did not feel that having a baby was going to stop them from achieving this goal, in fact it provided them with more determination to succeed:

‘It hasn’t ruined my life, it has made my life better. It has made me want to do something more with my life now I have these two; I want to actually get good training behind me so that I can get a good job for the future’ (Lauren, 18 years old, with 19 month old son and 11 week old daughter).

However, the young women expressed conflict between fulfilling their role as a mother and engaging in education, or employment so as not to be dependent upon benefits. They stressed the importance of being there for their children when they were young.

Nursery care costs were identified as a barrier to re-entering education or employment and child care support such as the Care to Learn grant were identified by the young mothers as providing them both valuable support and the sense that society believed they could achieve if given the opportunity. However, even with such grants, they relied heavily upon family support.

Discussion
Main finding of this study
This study provides insight into the perspectives of young mothers living in a deprived area of the UK. The results of this study challenge the view that teenage pregnancy predominantly has a negative impact upon the lives of young women. The young mothers interviewed did not deny the hardships associated with being a mother on a low income; however, they viewed motherhood as a positive experience and one which afforded them a valued social role within their local communities.
They were aware that their young age and low income meant they were sometimes viewed as being unsuitable mothers by wider society. However, they rejected the notion that their young age affected their mothering ability and sought to distance themselves from the negative depictions of teenage mothers within the media by stressing their competence as mothers and their future aspirations to not remain on welfare benefits. In this way, the stigma they experienced reinforced their motherhood identity.

Motherhood led many of the young women to become more mature and responsible and altered their perspectives on the value of education and employment. All the young mothers expressed future aspirations to return to education and employment in order to build a better future for themselves and their children. However, in common with many older mothers while their children are young they choose to prioritize motherhood.

The young women relied heavily upon their families in order to pursue future aspirations. The support of trusted professionals was also vital in reducing social isolation, and providing information and advice in relation to health, benefits, housing, childcare and educational opportunities.

**What is already known on this topic**

Previous research has investigated the consequences of becoming a mother while a teenager. This study contributes to a body of qualitative research that challenges the negative view of teenage pregnancy. The study supports the findings of a systematic review of qualitative studies of teenage mothers’ lives; that young women mothering in difficult circumstances develop and sustain resilient mothering practices.

Longitudinal cohort data have been used in order to attempt to separate the additional impact of parenthood while a teenager. Such studies do find that teenage motherhood has a negative impact on health and especially mental health outcomes, and that this may be explained by material deprivation and the lower levels of emotional support available to young mothers.

The relatively worse position of young mothers and their children compared with those who start child bearing later, therefore, may reflect the fact that young mothers are from, and continue to be, a disadvantaged group.

Studies have found that that low educational expectations and dislike of school are associated with teenage pregnancy. In keeping with our findings previous qualitative studies reveal that for many young mothers, disruption to education and employment occurs pre-pregnancy and that becoming pregnant may lead to changed perceptions and a reassessment of priorities for the sake of their child.

There is evidence that interventions which focus upon enhancing maternal mental health and wellbeing and promoting positive parent and child relationships may have positive long-term benefits. In particular, holistic support programmes using trusted staff members who assess individual need and provide support for health, benefits, housing, education and employment opportunities appear to improve outcomes for young mothers and their children. However, such support programmes do not directly tackle issues such as financial hardship, lack of appropriate housing or childcare and this may limit their effectiveness in the long term.

**What this study adds**

This study builds upon previous qualitative research and reveals motherhood to be a valued symbolic identity for these young women. For young women who have a dislike of school, motherhood provides an identity where they believe that they are more likely to succeed. Therefore rather than be the outcome of low expectations, these young women can see the social and personal fulfilment in having a baby—in other words they have high expectations. This has implications for policies designed to support young mothers, which may fail to recognize the valued social role that motherhood can provide.

Teenage pregnancy may be a catalyst for positive change, becoming a mother may alter perspectives on the value of education, training, and employment opportunities. It is vital that support services recognise this opportunity and support young mothers to achieve their aspirations. However, insights from this and other qualitative studies reveal such opportunities need to flexible as while their children are young the young women choose to prioritise motherhood. In order for the young mothers to take up such opportunities reliable and affordable childcare needs to be available.

The young women described how becoming mother increased their risk of social isolation. The drop-in sessions at the children’s centre provided an opportunity to develop new friendships and support networks centred on their mother identity. The young mothers interviewed benefited from the support of trusted professional based within the children’s centres. They provided young mothers with help in approaching and navigating often disjointed services and as such were vital in coordinating support to better match young mothers’ needs. This included support in relation to reducing poverty and improving living conditions through access to benefits and housing advice.

Holistic support programmes appear promising in improving health and social outcomes, therefore the recent announcement related to the extension of the Family Nurse
Partnership, a preventive programme offered to first time mothers aged 19, is welcome. However, current cuts to the public sector are hitting services on which young mothers rely for support; 580 Sure Start Centres have closed since 2010 and services that support young parents find education and employment opportunities have also been reduced. Reductions in such services are likely to have a negative impact on the health and wellbeing of young mothers and their children.

Limitations of this study
This study cannot claim to be representative of all young mothers in the North West of England, or more broadly. However, an attempt has been made to provide sufficient descriptive details of the research setting and participants so that those reading can make an informed judgement about whether the findings generated are transferable to their setting.

The young mothers were recruited via drop-in centres at children’s centres so they may have been more engaged with services and therefore less socially isolated than young mothers who did not attend the drop-in centres (6 of the 10 young mothers lived with their families or partners). All the mothers interviewed were of White British origin and therefore findings may not reflect the experiences of young mothers from different ethnic groups. This study set out to explore the perspectives of young mothers, therefore we did not conduct interviews with young fathers who are an important group for further research.

Conclusions and policy recommendations
Motherhood may be a positive experience that makes sense in the lives of young women from disadvantaged backgrounds. To be effective, policies designed to support young mothers need to recognize the valued social role motherhood provides these young women. Holistic support programmes appear to be both popular with young mothers and promising in terms of improving long-term outcomes. Current cuts to local authority budgets may threaten such services. Public health professionals have a key role to play in influencing local authority decision making on cuts to local services. We must advocate for more equitable welfare reforms, which protect services that support the most vulnerable, such as young mothers and their children.

Many of the negative long-term outcomes experienced by young mothers may be as a result of their disadvantaged position within society. Policy interventions should therefore focus upon reducing poverty as a route to improving outcomes for young mothers and their children.

Authors’ contributions
E.A. and D.S. designed the study and wrote the study protocol. E.A. carried out the qualitative interviews and data transcription. E.A. and D.S. analysed the data. All authors contributed to the drafting of the paper and approved the final submitted version.

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References