

Inquiry into teenage pregnancy

ScotCen Social Research

The Growing Up in Scotland study

The Growing Up in Scotland study (GUS) is a major longitudinal research project that tracks the lives of several cohorts of Scottish children through the early years and beyond. The study is funded by the Scottish Government and carried out by ScotCen Social Research. GUS provides crucial evidence for the long-term monitoring and evaluation of policies for children, with a specific focus on the early years. It collects a wide range of information about children and their families. The main areas covered include education, childcare, parenting, health and social inclusion.

1 Introduction

This briefing paper provides a summary of some recent research undertaken using data drawn from the Growing Up in Scotland study (GUS). The research was commissioned by the Scottish Government Children and Families Analysis team. The aim of the research was to explore the characteristics, circumstances and experiences of first-time mothers under the age of 20 in Scotland and examine how they compare with those of older mothers. The full results will be published by the Scottish Government later in 2013.

GUS launched in 2005 with two cohorts of children. The youngest of these, the birth cohort (BC1), involves a nationally representative sample of around 5217 children who were all born in 2004 or 2005. Data was collected annually from these children and their families, from the time when the cohort child was aged 10 months until they were 6 years old. A second birth cohort (BC2) was recruited to the study in 2011. This cohort consists of a nationally representative sample of around 6100 children who were all born in 2010 or 2011.

Two sets of analyses were undertaken for this research. The first compares data from *first-time* mothers in the second birth cohort of GUS (BC2) who were aged under 20 at the time of the cohort child's birth with data from those who were aged between 20 and 24, and those aged 25 or older. This provides a current picture of the circumstances of the youngest mothers in Scotland. The second set of analyses used data from BC1 to explore how the circumstances, characteristics and experiences of first-time teenage mothers change over time, in comparison to older mothers. More specifically, the analysis examined how circumstances when their child is aged 2 compare with those when their child is older – at age 3, 4, 5 or 6 - for mothers in different age groups.

2 Findings

2.1 Socio-economic characteristics

Young mothers face significant socio-economic disadvantage compared with older mothers. This fundamental disadvantage underlies and drives many of

the other differences shown in this paper. Therefore, addressing these issues would have particular impact in reducing inequality more broadly between younger and older parents.

- Mothers under 20 with children born in 2010/2011 were significantly less likely to be in employment than older mothers. 74% were not working compared with 39% of mothers aged 20 or older.
- Following employment trends over time shows that the mothers who were under 20 at the child's birth are least likely to be employment at each age point. However, employment levels amongst mothers under 20 do increase marginally over time whilst for the other groups they remain similar so that by age six the gap is narrower than at age two.
- 71% of mothers aged under 20 in 2011 lived in a household with an annual income of less than £10,833 compared with 17% of mothers aged 20 or older.
- As their children get older, mothers in the youngest age group when their child was born continue to be significantly more likely than other mothers to be in the lowest income group. Whilst the proportion of mothers under 20 who fall into this category decreases over time, whilst increasing slightly for older mothers, the difference at age six nevertheless remains considerable.
- 16% of mothers aged under 20 in 2011 had qualifications at Higher Grade level or above compared with 68% of mothers aged 20 or older.
- As may be expected, more teenage mothers have qualifications at Higher Grade level or above by the time their child was aged six than did at age two. Although they are still the group least likely to do so, by a significant margin, they are the only group for whom the figures change over time.

Over the first six years of their child's life, compared with mothers aged 20 or older, mothers aged under 20 at the time of their child's birth are:

- Less likely to have qualifications at Higher Grade or above
- Less likely to be in employment
- More likely to be in the lowest income group – with an income of less than £10,833 per year

2.2 Pregnancy and birth

- Mothers under 20 tend to report poorer health *behaviours* during their pregnancy than older mothers do. Compared with older mothers, they were less likely to use supplements such as folic acid and vitamin D, more likely to smoke and, amongst those who smoked when they became pregnant, less likely to stop. They also had poorer perceptions of their general health during pregnancy.
- There were many positives too. Mothers under 20 were less likely to have drunk alcohol during pregnancy, more likely to have had a normal birth (without assistance or a caesarean section) and to perceive the birth as a positive experience – better or much better than they expected.
- In relation to lower use of folic acid prior to pregnancy and smoking behaviour, mothers under 20 were distinct from all other mothers. However, for use of vitamin D, alcohol consumption and birth experience, they were quite similar to mothers aged 20-24.

- There were no notable differences¹ by age in the prevalence of low birth weight, premature birth or having an illness or problem during pregnancy.

2.3 Household, family and relationships

- Mothers under 20 are less likely than older mothers to be living with the child's father. The figures are quite drastically different by age on this measure. 30% of mothers under 20 live with the child's father compared with 56% of those in their early twenties and 89% of those aged 25 or older.
- By the child's sixth birthday, mothers under 20 are still more likely than older mothers to be lone parents. However, a significant number who were lone parents when the child was aged two, now have partners. The proportion of mothers under 20 who are lone parents decreased from 64% when the child was aged two to 45% by age six.
- Amongst those mothers who do live with a partner, younger mothers – and particularly those under 20 - appear to have more difficult relationships with their partners than do older mothers.
- Younger mothers are more likely to live in the same household as a grandparent of the child - most likely because they are living in their own childhood home. Mothers under 20 are distinct on this measure – being most likely to live with one of the child's grandparents.
- The living with one of the child's grandparents reduces over time – from 21% at age two to 9% at age six. Mothers under 20 remain more likely than older mothers to live with one of the child's grandparents at age six.
- When the child is aged 10 months, mothers under 20 are more likely than older mothers to live in both smaller and larger households. 38% live with the child only and 15% live with four or more people compared with just 8% and 2% of mothers aged 25 or older.
- At age 2, the vast majority of mothers – across all age groups - have only one child. By age 6, teenage mothers are more likely than other mothers to have three children increasing from 3% to 19% compared with <1% to 10% for mothers aged 25 or older.

2.4 Parental support

'...younger mothers, and those under 20 in particular, seem more wary of seeking formal support, and less sure about who to ask for advice...'

- Mothers under 20 were less likely to have attended ante-natal classes. Attendance increases with age but increases particularly amongst mothers aged 25 or older.
- Overall, younger mothers were less likely to have sought out or used a range of sources of support such as the Play at Home booklet, ChildSmile services, or parenting classes.
- This position does not change much over time. Although seeking information or advice on child health is less common amongst all mothers at age six than at age two, at all age points mothers under 20 are least likely to have sought information or advice.

¹ Though some small, statistically significant differences are evident.

- This is unsurprising given that younger mothers, and those under 20 in particular, seem more wary of seeking formal support, and less sure about who to ask for advice. In a series of attitudinal questions, mothers under 20 were more likely than older mothers to agree that:
 - *“If you ask for help or advice on parenting from professionals like doctors or social workers, they start interfering or trying to take over”*
 - *“Professionals like health visitors and social workers do not offers parents enough advice and support with bringing up their children”*
 - *“If other people knew you were getting professional advice or support with parenting, they would probably think you were a bad parent”*
 - *“It's difficult to ask people for help or advice unless you know them really well.”*
 - *“It's hard to know who to ask for help or advice about being a parent.”*
- Notably, whilst for older mothers attitudes towards formal support do not change over time, for teenage mothers they become slightly more negative.
- All mothers most preferred to receive parenting information and advice in person, on a one-to-one basis. The most preferred source of this advice – again, amongst mothers of all ages - was a professional such as a health visitor. Mothers under 20 were less likely than older mothers to prefer receiving advice via a seminar or group and more likely to prefer informal sources such as family or friends.

2.5 Maternal health

- Mothers aged under 20 and those in their early twenties rated themselves similarly in relation to general health and mental wellbeing. On each of these measures, they reported poorer health than those aged 25 or older.
- There was little change in the difference between both groups over time. Younger mothers (under 25) are less likely than older mothers to report excellent or very good health when the child was aged two and age six.
- There were no differences by maternal age in the prevalence of longstanding health conditions when the child was aged two. However, by age six, whilst prevalence had increased for mothers in all age groups, it had done more sharply for teenage mothers making them most likely to have such a condition at this stage.
- Smoking was more common amongst mothers under 20 than those in other age groups. Mothers aged 25 and over were more distinct however, being significantly less likely than those under 25 to smoke.
- Whilst mothers in all age groups were just as likely to drink alcohol, those aged 25 and older tended to do so more frequently but to consume fewer units when they did. In contrast, teenage mothers tended to drink less often but consume more units. Those in their early twenties fell somewhere in between.

3 Conclusions

The findings from this research confirm much that is already known about the circumstances and experiences of mothers aged under 20 compared with older mothers. For example, the significant socio-economic disadvantage they face – in terms of lower education qualifications, lower employment levels and lower income. This fundamental disadvantage underlies many of the other differences shown here. Therefore, addressing these issues would have particular impact in reducing inequality more broadly between younger and older parents.

Additional support to allow young parents the opportunity to continue their education or training would benefit them, and their children, in many positive ways. Widening the availability of and access to affordable childcare is also important and would support more opportunities for education or training, and employment.

In measures of both general health and mental wellbeing, mothers aged under 20 rated themselves more poorly than mothers aged over 25. This is a somewhat unexpected finding given that younger age would more commonly be associated with better health. It is possible that the poorer health behaviours and greater socio-economic disadvantage observed amongst younger mothers counteract their youthfulness.

Parental physical and mental health and health behaviours are known to be associated with child outcomes. Those parents with better health themselves, and who practice better health behaviours – such as not smoking, better diet, more physical activity – have children with better health and health behaviours. Smoking cessation programmes aimed at teenagers, and perhaps specifically at teenage mothers during pregnancy, would be beneficial for improving the health of mothers and their children.

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Teenage parents are more wary of formal support services and more reluctance to use them than older mothers. These trends have significant implications for the delivery of parenting support for young mothers. There have already been a number of interventions delivered in Scotland aimed at improving the parenting capacity of teenagers. It is important that the experiences and outcomes from these interventions are shared and reflected upon, along with the findings here. This will ensure that as a national approach to increased parenting support is adopted, the specific perceptions of and attitudes towards support amongst parents under 20 are better understood and their needs more widely met.

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