

Youth Support - Professional Training

Reprints - Series One No 3

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Schoolgirl pregnancy - A culture of poverty

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Schoolgirl pregnancy - A culture of poverty

Abstract

In Britain, schoolgirl pregnancy is part of a culture of poverty and deprivation. Pregnant schoolgirls live in areas of poor housing, overcrowding and unemployment. A six year longitudinal study of 122 pregnant schoolgirls in an inner city area, Camberwell, (Birch 1986) revealed that 40% of such families are already known to social service agencies before their daughter's pregnancy and 20% of girls have been in care of the social services.

The 'typical' pregnant schoolgirl is a member of a large single parent family. Two thirds of schoolgirl mothers in South London have a family history of teenage pregnancy. Poor families with little hope of advancement, fall into a pattern of early childbearing which, in itself, perpetuates their position.

Deprivation breeds further deprivation: difficult family circumstances lead to late recognition of pregnancy and late presentation for pregnancy counselling, abortion or antenatal care. Ignorance therefore further deprives young girls of essential medical services

Camberwell is a deprived inner city area. The disadvantaged circumstances of its young people can be seen to influence rates of antenatal anaemia, perinatal mortality and birthweight. Moreover a scale of childhood deprivation applied

to schoolage mothers and their babies defined them as multiply deprived.

Early pregnancy can result in a spiral of social deprivation. Pregnancy results in loss of education, which reduces the chance of finding employment. This leads to poverty and the tendency for the girl to find another man. in the hope that he will support her. She then becomes pregnant again and the spiral takes one more turn towards poverty, illiteracy and poor health.

Schoolgirl pregnancy - A culture of poverty

Introduction

In Britain, schoolgirl pregnancy is part of a culture of poverty and deprivation. Pregnant schoolgirls live in areas of poor housing, overcrowding and unemployment. A six year longitudinal study of 122 pregnant schoolgirls in an inner city area, Camberwell, (Birch 1986) revealed that 40% of such families are allready known to social service agencies before their daughter's pregnancy and 20% of girls have been in care. 13% of girls have been on the social services 'child abuse' register.

The 'typical' pregnant schoolgirl is a member of a large single parent family (McEwan, Owens, Newton 1974 Birch 1986). In South London, 70% of girls do not live with both their natural parents; 16% have no mother and 65% have no father.

Despite their single parent status, families are large with an average of five children, a consequence of a repeating pattern of having a man coming and going and fathering children without living permanently in the household.

Two thirds of schoolgirl mothers in South London have a family history of teenage pregnancy and in 35% their mothers have had the same experience. 43% of girls have sisters who are also teenage mothers (Birch 1986) and interestingly, the same percentage of 'Baby fathers' (teenage fathers) also have brothers who are teenage parents (Hendricks & Montgomery 1983). Poor families with little hope of advancement, fall into a

pattern of early childbearing which, in itself, perpetuates their position.

Estimating deprivation - Demographic variables

Demographic variables associated with schoolgirl pregnancy were studied in Camberwell using two methods, a 'pregnant schoolgirl index' and superimposable maps of girls addresses, electoral ward boundaries and ACORN (A Classification of Residential Neighbourhoods) group characteristics.

The 'Pregnant schoolgirl index' (PSG index) was defined as the ratio between percentage of fifteen year olds residing in a ward and the percentage of cases of schoolgirl pregnancy in that ward ie:

$$\frac{\% \text{ pregnant schoolgirls}}{\% \text{ 15 year olds}} = \frac{\% \text{ observed pregnancies}}{\% \text{ expected pregnancies}} = \text{PSG index}$$

Several workers have attempted to quantify parameters of the degree of deprivation suffered by various communities by using particular scoring systems. One such system was described by Jarman (1983) whereby underprivileged areas could be identified using a points system which focussed on lack of amenities including lack of employment. Jarman regarded areas scoring more than 10 points as being 'high', ie. very underprivileged; areas scoring +10 to -10 points were 'medium' and scores of less than -10, ie 'low' indicated an area which

was not underprivileged. Using this scale Jarman found that 30% of electoral wards in England and Wales had 'high' scores, 35% 'medium' and 35% 'low'.

Applying Jarman criteria to place of residence of pregnant schoolgirls, 97% live in very underprivileged areas, moreover the majority live in areas scoring more than 30 points of deprivation (fig 1).

Camberwell electoral wards fall within two London boroughs, Lambeth and Southwark. In Lambeth the wards with highest rates of schoolgirl pregnancy are also the wards with the highest levels of unemployment. Rates for all wards (defined by PSG index) correlate well with unemployment rates, particularly female unemployment. (fig 2).

The electoral ward is a relatively large unit with an average population of 10,000 people and is therefore not the most useful demarcation area for studying schoolgirl pregnancy. It is more profitable to use the much smaller 'ACORN' groupings. Study of 'ACORN' groups in Camberwell reveals that 75% of pregnant schoolgirls live in areas with a male unemployment rate of over 20%. (fig 3).

Unemployment rates alone are incomplete indicators of social deprivation, poor housing must also be considered. 53% of pregnant schoolgirls live in ACORN groups with more than 10% overcrowding and 61% in groups with less than 10% owner occupied accommodation. (fig 4) In fact, housing conditions are unsatisfactory for 44% of Camberwell's pregnant schoolgirls. Families are cramped, pregnant girls share bedrooms with other family members, in some cases beds are also shared,

and few have enough room for the expected baby.

After giving birth, housing conditions are characterised by more severe overcrowding, due to the presence of the baby and sometimes the boyfriend, and lack of privacy. Girls frequently change address in the hope of finding better accommodation, moving from parent's house to boyfriend's family and friend's flats.

By the time their babies are 1 year old, only one fifth of girls have their own place to live, many spend some time squatting. By two years, half the girls have their own flats but by that stage the majority of those rehoused have two children (Birch 1986).

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The results of deprivation

Deprivation breeds further deprivation; difficult family circumstances lead to very few pregnant girls having any sex education at home. 87% of Camberwell girls learn nothing from their parents about the facts of life. This ignorance is further compounded by the fact that 64% of girls have also had no sex education at school. Two thirds of pregnant schoolgirls persistently truant from school. Education is not a priority when there are younger siblings to look after, poor health intervenes and goals such as passing exams and getting a job are unrealistic.

Being largely ignorant of the facts of life, it

is hardly surprising to find that girls do not immediately realise that they are pregnant.

"I kept convincing myself I wasn't - I kept missing periods but I kept putting it off, saying nay, it's just ... I was saying to myself, I've had sex so it's most probably changing my body or something. Just giving myself any old excuse" (Janet 15, 'Schoolgirl Mum' 1985)

Late recognition, leads to late presentation for pregnancy counselling, abortion or antenatal care, ignorance therefore further deprives young girls of essential medical services. Nationally, in Britain, 2 out of 3 pregnant schoolgirls decide to terminate their pregnancies, however in areas of socioeconomic deprivation a higher proportion of girls go to term (Simkins 1984: Straton & Stanley 1983). In Camberwell only 1 in 4 girls choose abortion (Birch 1986, Dean 1984).

Younger teenagers have a higher rate of late, more dangerous abortions (Russell 1983). In the United States, where schoolgirl pregnancies show the highest rate of a 'developed' country, mortality from legal abortions rises from 0.5/100,000 at 8 weeks gestation to 6.7 at 15 weeks (National centre for Health Statistics 1976). However "the later a girl applies for an abortion - the more she needs it" (Ketting 1982: Savage 1985).

Schoolgirls book late for antenatal care and attend hospital irregularly with the result that 'the antenatal care of pregnant teenagers is often grossly deficient' (Block,

Saltzman and Block 1981). One fifth of teenagers under 20 years of age do not consult their General Practitioners until they are more than 20 weeks pregnant (Simms & Smith 1981).

The situation for younger, schoolage teenagers is even worse, over half (52%) of South London schoolgirls book for antenatal care after 20 weeks gestation (Birch 1986).

If antenatal care is adequate, the risks of childbearing do not appear to be greater for the teenager than for older women but the risks to the baby are increased, particularly for very young mothers (Straton & Stanley 1983) however, poor care exerts a more powerful influence than young age (Elster 1984).

Camberwell is a deprived inner city area. The disadvantaged circumstances of its young people can be seen to influence rates of antenatal anaemia, perinatal mortality and birthweight.

Studies of young mothers have reported higher rates of anaemia (defined as less than 10gm Hb per 100 mls) in teenage patients than in older pregnant women. Rates have been quoted in the region of 14% for under 16s with an inverse relationship to the age of the sample (Jovanovitch 1972: Elliot & Beazley 1980: Osbourne & Howat 1981: Scholl, Decker, Karp, Greene, DeSales 1984: Miller & Field 1984).

The increased frequency of anaemia in teenagers can be related to socioeconomic circumstances (Russell 1983: Miller & Field 1984). In Liverpool, young girls attending hospital in a deprived area of the city were more likely to be anaemic (18%) than in the more affluent areas (6%) (Elliott &

Beazley 1980).

The incidence of anaemia in pregnant Camberwell schoolgirls is high at 19% (Birch 1986) and excluding girls with an associated haemoglobinopathy, HbS or HbC which are present in 10% of the overall sample, the rate of antenatal anaemia is only reduced to 16%. White anaemic girls are more likely to come from homes with no employed parent (100%), have a poor diet (86%) and book late for antenatal care (65%). The mean time of booking for anaemic girls is 24 weeks gestation as opposed to 20 weeks for all schoolgirls. Hence those girls most in need of antenatal care, are less likely to receive it.

The perinatal mortality for babies of mothers under 20 is one of highest (National Birthday Trust and Royal College of Obstetricians and Gynaecologists' survey (British births, 1970 the first week of life). Babies of Camberwell schoolgirls have a perinatal mortality of 16.95 per thousand, higher than that seen in social class V mothers and one and a half times the district average (OPCS 1983). (Fig 5)

Illegitimacy independent of age is a predictor of low birth weight and high perinatal mortality. The important factors which have been shown to be more important than age for teenage mothers are marital status at conception (Gill, Illesley, Koplick, Aberdeen 1970; Osbourne & Howat, Glasgow 1981; Ventura & Hendershot USA 1984); timing of antenatal care (Ventura, Hendershot 1984) and socioeconomic status (Phipps-Yonas 1980).

In the Camberwell study one third of girls had a diet which was grossly deficient in both quantity and quality.

All of their families were on low incomes so that they were unable to spend much money on food and two thirds were surviving on supplementary benefit only. The younger girls had poorer diets than the older girls and this was associated with their giving birth to smaller babies. (Birch 1986) {Fig 6}.

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Long term effects of deprivation

In order to confront the question of deprivation from a slightly different angle, the work of Kolvin (1984) and colleagues in Newcastle is considered. They looked at evidence from a longitudinal social study of one thousand families to establish whether childhood deprivation had long lasting sequelae.

Six criteria of disadvantage were identified.

- A. Family disruption
- B. Parental illness
- C. Defective care
- D. Social Dependence
- E. Housing overcrowding
- F. Poor mothering

Multiply deprived children are defined as those having a history of more than one factor, deprived children have a history of one and children who have not been exposed to any of the factors are considered to be non-deprived.

Applying these six criteria to Camberwell

pregnant schoolgirls and their babies 82% of girls and 96% of their babies score as very deprived. In addition babies score higher numbers of criteria of deprivation, the mean being three criteria for schoolgirl mothers and four criteria for their babies. {fig 7}

Multiply deprived children have been shown to be shorter, poorer school attenders, less likely to take exams, and more likely to attend court (28% as opposed to 6% non deprived) (Kolvin 1984). These very factors have been ascribed to schoolgirl mothers (Wilson 1980, Birch 1986) and it would indeed seem that such young mothers are locked in a cycle of deprivation with the degree of deprivation increasing in the next generation.

Pregnant schoolgirls come from families with social problems, it is also true that early motherhood is predictive of a deprived future. In the United States 63% of social security payments (AFDC) went to once teenage mothers (Moore 1975). 35% of the general population were at one time teenage mothers (before 20) but this was true of 61% of mothers receiving aid.

In London, only 13% of pregnant schoolgirls live in households where both parents are earning. 57% are from families where there is no employed adult. On follow up the situation is no better. The only source of income for most schoolgirl mothers reaching the age of sixteen is in the form of social security payments.

Young mothers are frequently isolated and lonely,

confined to their homes with their babies, with little hope of employment. They find it difficult to reconcile their poor circumstances with the image of carefree young people buying clothes and records that they see in teenage magazines and on television. The young unemployed "have been nurtured in a closed world of material things brought to perfection, goods that cry their competitive desirability to them from the moment they are born. Their only business it seems, is to yearn and strive for possession of them the young ... have no place in the world, except as obedient and abject competitors for all that is tantalisingly held out to them" (Seabrook 1983). Held out, but unattainable for a schoolgirl mother.

Early pregnancy can thus result in a spiral of social deprivation. Pregnancy results in loss of education, which reduces the chance of finding employment. This leads to poverty and the tendency for the girl to find another man, in the hope that he will support her. She then becomes pregnant again and the spiral takes one more turn towards poverty, illiteracy and poor health.

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FIGURE 1

'JARMAN' SCORES - SCHOOLAGE PREGNANCY

	!.....high.....!			!.medium..!			...low..					
England and Wales	!	30%	!	35%	!	35%	!					
Camberwell Wards	!	92%	!	8%	!	0%	!					
schoolgirl pregnancy												
Number of girls living in wards with scores of:-												
	!.....high.....!			!.medium..!			...low..					
	+60	+50	+40	+30	+20	+10	0	-10	-20			
number	!	25	21	59	8	1	!	2	1	!	0	0
percent	!	21%	18%	50%	7%	1%	!	2%	1%	!	0%	0%
	!			97%	!		!	3%	!		0%	
	!.....high.....!			!.medium..!			...low..					

FIGURE 2

CAMBERWELL DISTRICT - WARD PROFILE
LAMBETH - FEMALE UNEMPLOYMENT/SCHOOLGIRL PREGNANCY

----- unemployment.
 (% females)
 * P.S.G.index.
 (observed/expected)

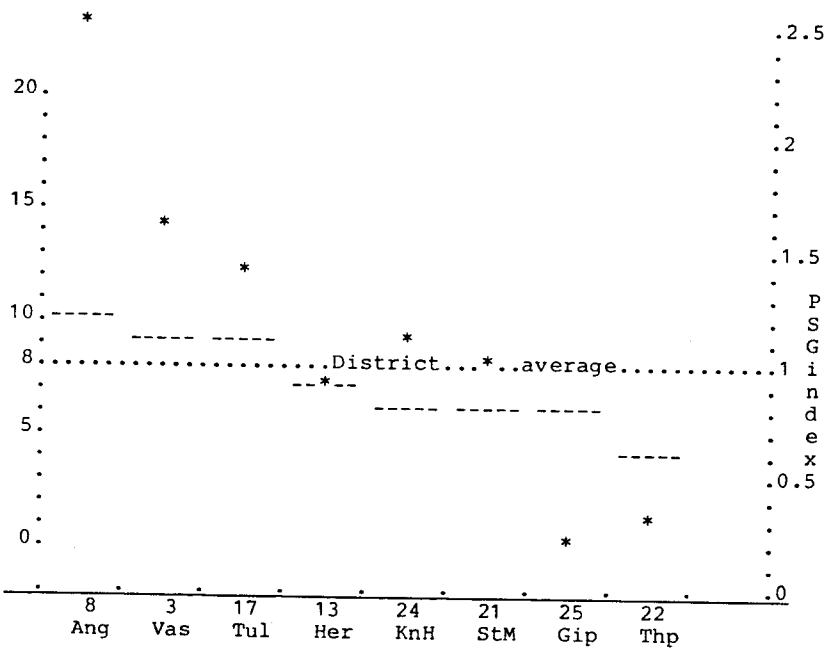


FIGURE 3

PERCENTAGE OF PREGNANT SCHOOLGIRLS RESIDING
IN ACORN GROUPS WITH DIFFERING RATES OF MALE UNEMPLOYMENT

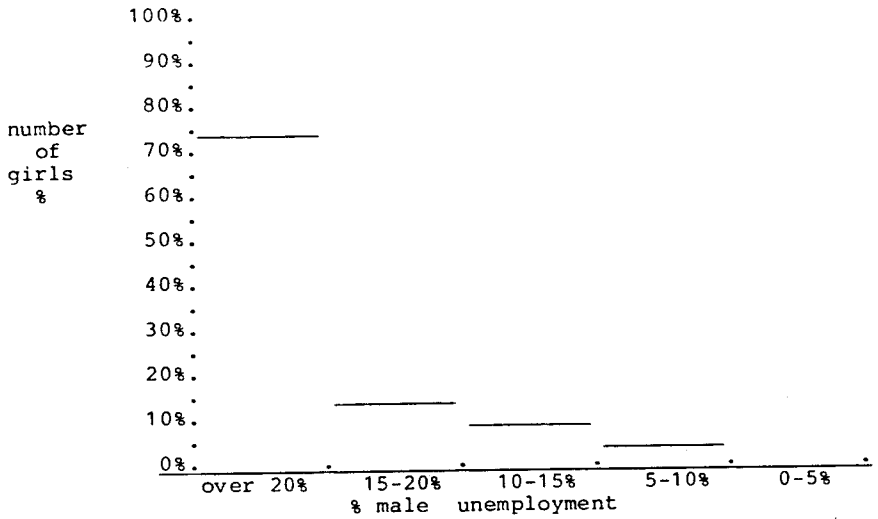


FIGURE 4

SOCIAL DISADVANTAGE

Percentage of pregnant schoolgirls living in ACORN districts with varying degrees of deprivation.

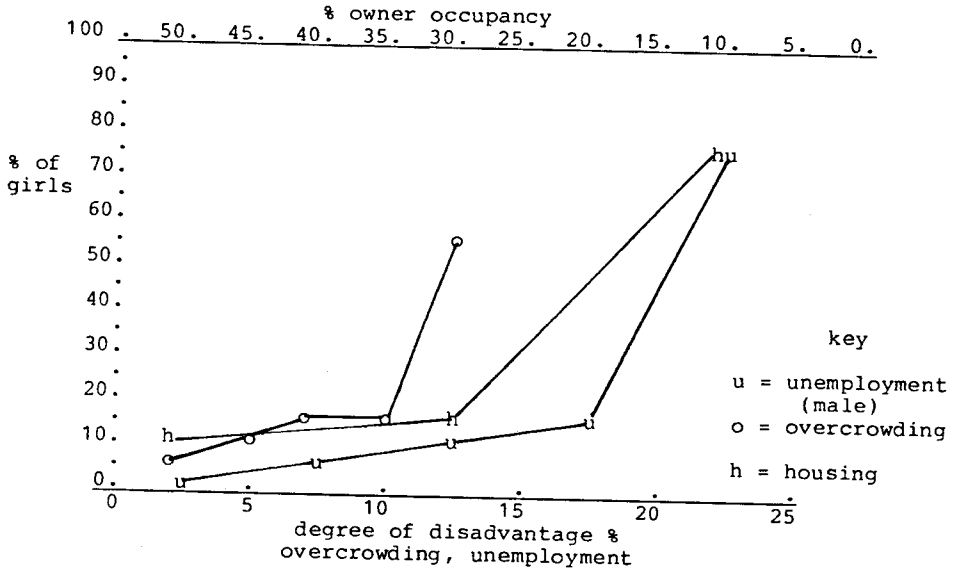


FIGURE 5

PERINATAL MORTALITIES BY CLASS GROUPS

OPCS 1983 + CAMBERWELL SCHOOLGIRLS

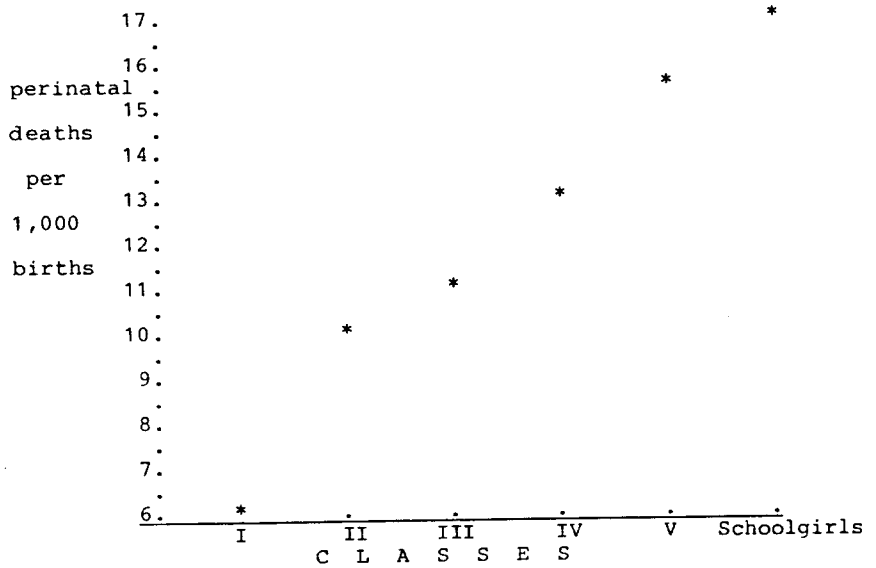


FIGURE 6

PERCENTAGE OF PREMATURE BABIES BY AGE GROUP
RELATIONSHIP TO DIET

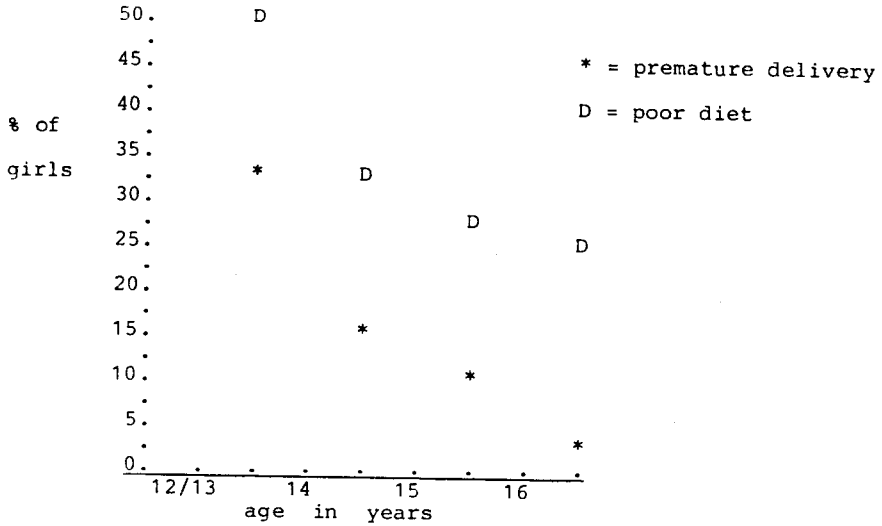


FIGURE 7

DEGREE OF DEPRIVATION - SCHOOLGIRLS AND THEIR BABIES

