

***“The Child that  
Rocks the Cradle”***

***Diana M.L. Birch***

## *About the Author*



***Diana Birch***- born in London -her Italian mother was ‘liberated’ in world war II by her English father. Bilingual roots have ensured an international flavour to her work with periods in Italy, Russia, Jamaica, USA and other states. Trained at the Royal Free & St George’s, interest in youth arose on starting advice clinics for schools. Absence of training in UK in Adolescent health motivated a ‘personal’ programme progressing via paediatrics to sexuality, psychotherapy. Dissatisfied with statutory services she founded Youth Support and works solely for the charity. Aspects are court work child protection, family assessment. Wide experience of family disorder alcohol, substance abuse and research in teen pregnancy for which she was awarded Doctorate at London University, holds Fellowships of the Royal College of Physicians, the Royal College of Paediatrics and Child Health and the Society for Adolescent Medicine (USA). Author of several books “Are you my sister, Mummy?” school age pregnancy; “The child that rocks the cradle” long term results; “Bonds and boundaries”- child protection in the family; “Inner Worlds” on emotional issues. Interests include drama and animal therapies. Youth Support has branched into a mini farm, pet shop and Cyber-cafe. Animals play a major part in her life she is never without a Great Dane having bred dogs for many years, also plays at music and Judo. She has an actress daughter and a musician son.

***“The Child that Rocks the Cradle”***

***Published by “Youth Support”  
13 Crescent Road  
London BR3 2NF***

***First published 1996***

***All proceeds in aid of our work with Young People.***

*“The task a woman has to accomplish in pregnancy and motherhood is to integrate reality with unconscious fantasy, hopes and daydreams ...”*

*Dinora Pines.*

*To Bonnie ...*

*“Any dream will do ...”*



*Reunion photograph.*

# **Contents**

*Introduction - The doll that grew up...*

*Bonnie's Story*

*The 'Survey'*

*Preliminaries - What, Why, How?*

*Why a fifteen year survey?.*

*Giving something back.*

*How did we do it?*

*The five year follow up*

*The ten year follow up.*

*The fifteen year follow up*

*Tracing the families.*

*How do we conduct our visits?*

*The Reunion.*

*Qualitative Research*

*Findings and Results*

*Fertility and Repeat Pregnancies*

*Patterns of Relationships.*

*Staying together - Single Partners.*

*Multiple Partners.*

*Asexual lives - Girls without boyfriends.*

*The late relationship - The adult relationship.*

*Baby Fathers*

*The Influence of the Care System.*

*General features.*

*Fertility and repeat pregnancies.*

*Relationships.*

*Children.*

*Training and Employment.*

*Housing.*

*The Children*

*Child care - Placement of children.*

*Health and Emotional Welfare*

*Children's views and lifestyles*

*General Interests, activities and eating styles*

*Schooling and Behaviour*

*Relationships with parents.*

*Views regarding relationships.*

*Sex Education.*

*Sexual Activity.*

*Substance Abuse.*

*Families*

*Why so many children?*

*Why do deprived young mums have so many children?*

*Is it because they start their periods early?*

*Do they not use contraceptives?*

*Is this a 'risk taking' behaviour?*

*Why do girls 'repeat' their pregnancy experiences?*

*The Self Esteem Study*

*Pregnancy as a maturation Experience*

*Conclusions*

*References.*

*Further Publications from Youth Support*

*- Introduction -*

*“The Doll that Grew Up”*

Lorna’s bedroom was like that of any fourteen year old - walls papered with posters and cut outs from teen magazines and bits of record covers - Duran Duran and David Bowie; a Crystal Palace football scarf draped round the light switch and a scatter of old cinema tickets and memorabilia blue-tacked to the mirror. The floor obscured by discarded school books and dirty underwear with the odd sweet wrapper, cotton wool balls and mother’s ‘borrowed’ best shoes. Mixed in among the tea shirt collection on the bed lay the required row of furry animals and mascots - teddy, pink pig, Emu puppet, cabbage patch kid doll which she had pleaded for on her tenth birthday, grotesque stuffed ‘something’ which Mum won for her at the Easter fair ..... and a baby.

She had never gone out much; was certainly not a promiscuous little Lolita and had no boyfriend then, now or ever. The baby was conceived on an ill-fated outing with friends when the little ‘stay at home’ was persuaded to have one taste of the bright life.

On return from hospital with little David she sat shell shocked in her room - not knowing whether to play with baby or toys and alternating between them with mother anxiously hovering. She slept with David beside her in his carry cot and Teddy snuggled up to her inside the covers.

Fifteen years later she still has no boyfriend, she hardly ever goes out except to visit Mum. David is a fine boy, quiet and well mannered and his mother’s only companion.

\* \* \* \* \*

Sonia also got pregnant at fourteen but was delighted to have her baby. Her one and only boyfriend stuck by her and they are now married with a delightful family of four children ranging in age from 14 to 6. Sonia is working and has taken up professional training. She would like to become a therapist.

\* \* \* \* \*

The lives of young mothers have taken many turns along differing paths in the fifteen years that we have followed them. For some it has been a success story, for others the road has been paved with disaster - some are lonely and sad - others have come through pain and hardship with immense fortitude.

Whatever the outcome - the one message that we need to learn from these stories is not to prejudge young parents - there are many stereotypes and many false impressions and whatever concept we may have of teenage parenthood we are likely to be wrong - we need to keep a completely open mind and remember that all parents - young or old, are individuals and deserve unique attention.

\* \* \* \* \*

The stories and quotes in this book are genuine but features have been changed to maintain confidentiality. Do not try to find yourself or people you know in these pages - you will not. Many stories are similar - if you think someone sounds like you - then probably there are things about your life and your story that were similar - but it will not be you - because most of the stories are mixtures of several girls lives.

Photographs are included with permission of the girls and families. Photographs do not relate to the text - so do not assume that because someone is pictured next to a story - the story is about them. - It won't be!.

\* \* \* \* \*

## *Bonnie's Story ....*

“I think Mum must have sent you ...”

Danielle looked so uncannily like her mother that I found it difficult at times to make the mental adjustment ... The passage of time .. nearly two decades, had left me feeling I was in some sort of ‘time warp’ talking to a young Bonnie again.

Bonnie had her problems at school. ... She never really liked it and missed as much as she could, often slipping back home in tears. She was a sensitive but troubled girl, bullied by the stronger pupils and easily led into situations she could not control.

Throughout her life she felt she had to ‘fight for herself’ but was often too ‘straight’ about her feelings and actions - she could not be devious - was too ‘up front’ and so when manipulated and led into trouble by others - it was often Bonnie that took the blame. She was branded at school as a trouble maker even though it was usually other people’s trouble that she fell into.

Like the time when she was ten years old and bullies stole her gold cross and chain - ripped it off her neck in the playground - and later stole her best leather coat - the one her mother had saved up for months to buy. They threw it in a bin. When this was reported to the headmaster the other girls denied it and Bonnie was blamed with making up the story. The head actually had her stand up in assembly , before the whole school , and told the children “I do not want any of you children playing with Bonnie - she is a thief and a liar!” Hardly a helpful strategy to support a troubled girl.

And there were troubles at home ... Mum stuck up for Bonnie and did what she could for her but she had problems of her own which preoccupied her and took up most of her time. Like raising her four children and another she ‘took in’ .... without the support of a man around the place. She wanted to help Bonnie, but was left lost not knowing what to do for the best.

Ivy is a very genuine, warm and caring woman - very down to earth and a staunch supporter of her family. If anything she is a ‘bit soft’ with them - always ready to jump in and help out - the sort of woman who has

always been surrounded by children and those who need her readily supplied love and affection. Bonnie took after her in many ways - she too was a bit soft and cared too much for others - often not thinking of the consequences for herself. Danielle is very much like that too ...

An incident from the past gives a perfect example of Ivy's caring nature. Her oldest daughter called her to see a local girl, who had recently given birth to a baby boy. The baby was underfed and living in squalid conditions. Ivy tried to offer help and advice to no avail. Some days later the woman brought the baby to Ivy and asked her to baby-sit while she went shopping. She never came back.

Ivy was horrified when she picked the baby up and felt him 'like a bag of bones'. When his nappy needed changing she found it was stuck to his skin and needed to be soaked off in warm water to reveal ulcers all over his bottom. She described to me how she coated the baby in Vaseline and wrapped his bottom in muslin for softness before giving him a terry napkin.

The mother was seen from time to time, usually smoking 'dope' in a local dive but did not want the baby. Ivy was told she was 'soft in the head' for taking in the child and that she would 'get no thanks for it' ... which she didn't - but that's what she is like. And so was Bonnie... always ready to help someone else out.

Ivy's older children were from her first marriage. Her husband decided that they would emigrate to Canada for a better life ... he would go first and get things ready and the passage for Ivy and the children was booked for a little while later. .... or so Ivy thought.

As the day of departure neared, Ivy heard that he had set up home with another woman in Canada and left her and the children behind! Some years later she married Bonnie's Dad with a result that there was ten year gap between the Bonnie and her older siblings.

During part of Bonnie's early life her Dad had been 'away'. He left when she was three and was not released until her thirteenth birthday. Then he came home for the last time .. but in total he had spent thirty five years of his life in Jail.

"He just wanted us to have things .. wanted us to have what we needed. I'd had a terrible life before I met him and he wanted to make sure we

were OK.” Ivy explained that the sentences had been particularly hard because a charge involving someone else’s gelignite had been added unfairly to her husband’s record.

Bonnie took her father’s absence particularly hard and missed him deeply ... while Mum took some comfort and support by being active in the ‘Circle Trust’ - the prisoners’ wives organisation.

‘It must have been very hard .. were you not lonely all that time?’

‘No, I had the children with me .. I’ve always been surrounded by children .. mine and other people’s. I used to go up the Old Bailey for the children’s shoes ..’

Ivy had help from the prisoner’s welfare organisations with vouchers for some of the children’s clothes but typically, she was fiercely proud and did not make claims herself, she was just surprised that she was entitled to anything. This is how Ivy managed to afford Bonnie’s clothes - and the items that the other pupils jealously stole and bullied her for.

Sadly, once a child becomes ‘type cast’ as a trouble maker, that reputation follows them in school reports and documents going from one school to another. So Bonnie’s ‘reputation’ proceeded her from her primary to her secondary school. She was misjudged in secondary school with serious consequences.

In secondary school bullies are bigger and stronger and their actions can be more violent and extreme. Bonnie had begun to try to fight back by this stage. An incident arose when she was attacked by another girl and a fight ensued. Both grabbed hair and some strands came away in their hands. The strands of the other girl’s hair which were found in Bonnie’s hand, were put in the school safe ‘for evidence in case Bonnie is taken to court’. Never any mention of the part the other girl played.

Another incident at the age of twelve had more sinister repercussions. Bonnie felt unwell and fainted on the school steps. She was told off for play acting and told to stop it and get up. She tried to pull herself together but could hardly stand, she was feverish and had severe stomach pains.

‘Oh the trouble maker again .. there’s nothing wrong with her ..’

After many protestations she was taken home and eventually to hospital. Again her reputation proceeded her and it was some time before anyone would take her seriously. Nurses, junior doctors and more senior doctors pronounced her as having 'a stomach bug' 'gastro-enteritis' ...

'Take her home' Ivy was told.

Thankfully she did not but insisted on the consultant being called. ... In the operating theatre some hours later Bonnie's appendix was found to have burst and she had raging peritonitis. This infection laid the ground for the abdominal pains and adhesions which Bonnie would suffer from in later years.

The school rang Ivy the following day saying that Bonnie would be disciplined for defying the teacher and pretending to faint on the stairs. Ivy put her straight!

Bonnie never learned to read and write properly and certainly missed any sex education lessons that there might have been in her school. In later years she was quite saddened by the lack of support and education which she received and felt left out by her lack of reading skills. Other girls might be able to read leaflets and contraceptive advice ... she could not.

Bonnie's life reached a dramatic climax when she became pregnant.

At the time she realised this, she had been going out with by an older mentally disturbed man. He might have been the father ... or perhaps he might not ...

.. Bonnie never really understood why she went with him in the first place ... it was just one of those acts of rebellious bravado which you recognise as a huge mistake right from the word 'go'. ... but he discovered that she was pregnant and abducted her so that she could not have an abortion, notwithstanding the fact that she had not chosen this course of action, and would be forced to give birth to the child who he claimed was his.

For eight long terrified weeks Bonnie was held captive in a squat in Margate, a seaside town, empty and windswept cold out of season. The police had been alerted and family and friends were searching for her .. He did not give up without a fight and finally it took a police raid to rescue her from hell.

When the police arrived to 'rescue' Bonnie, Steven claimed that Ivy was harassing him and that Bonnie was quite happy to remain in his 'care'. They were about to believe him and go away. Ivy was beginning to be regarded as a nuisance. In typical family fashion she stood her ground with the young policeman who had been into the flat.

"... Grow up lad. .. She's just a kid.. Are you a copper or aren't you? Can't you see what's going on in there? Please, do me a favour and send in an older man, someone whose a father himself. ... He'll be able to see what I mean .."

He did. And thankfully Bonnie was safe ... well, almost.

Back in London Bonnie attended antenatal clinic. While we were in mid conversation there was a message that Steven was in the outer clinic looking for Bonnie. She ran into the toilets and locked herself in while we rang for police. She remained barricaded inside until the police managed to remove him from the premises. For a while Bonnie had to be escorted everywhere for her own protection . Ivy finally sorted it out ...

"If you come anywhere near my daughter or harm a hair of her head - I'll have you seen to - you'll be dead"

Somehow she managed to put the fear of God into him that she would have him 'bumped off'. Ivy glimpsed him in the street one day when out shopping and when he caught sight of her, he turned and ran! It was a bluff ... but it worked. He stayed away.

... Some years later this highly troubled and intensely violent man murdered his wife and then , afraid to face the consequences, committed suicide.

"Every day he scared me half to death ... he said he wanted to make sure I was all right and that the baby was growing OK but I don't know how I survived it. He never let me out of the flat ... I thought I was going to die. He said he would kill me if I didn't have his baby and that he would blind me so that I would never be able to see the baby after it was born.

When they got me out of there I was a wreck ... I never thought I would get over it and I was so worried in case the baby would be affected.

Anyway .. my family helped me a lot after that and then I had a boyfriend who was good to me ... he was a good Dad to Danielle and we had everything we needed for a while ....”

The golden haired little girl was doted on by the family who fell over themselves to do everything they could for her. Bonnie was besotted with her daughter and never once regretted having a baby when she was so young.

The family videos of Christmas and New Year celebrations show clearly how close mother and daughter were - clowning for the family - miming to pop songs together - their antics mirror images of each other. Poignantly one of their last performances together was ‘Any Dream will do’ from the musical ‘Joseph and the Amazing Technicolor Dreamcoat.’ Danielle and Bonnie dreamed their dreams together.

Sadly, for Bonnie relationships were not so easy .. Bonnie married and divorced .. and married again ... and separated ... she never really found the support that she looked for or deserved in a man. Her father cared deeply for her and has been her staunch supporter since he returned home .... but Bonnie never really filled that gap caused by his absence while she was growing up.

Her first husband seemed supportive at first but he soon started gambling and leaving Bonnie with no money to raise Danielle. He became jealous of their intensely close relationship and locked Danielle in a cupboard. When Bonnie came home and discovered this she hit him over the head with a table leg and threw him out. He called the police saying he was being locked out of his own home and said he wanted his clothes.

‘If you want your clothes, I’ll give them to you!’

Bonnie had discovered that he was having an affair. The following day, she packed his clothes up in some black plastic ‘bin bags’ ... neatly shredded first ... and emptied them out in the middle of the floor of the department store where he was working as a security guard! He lost his job. Bonnie had learned to fight back!

Her second marriage was happier. They did eventually separate but not acrimoniously. They remained friends of sorts. Basically the young man



could not handle Bonnie's illness. He is still in touch with Danielle and she calls him Dad.

Bonnie's real problems began when the stresses and anxieties of her life caused her childhood asthma to return with a vengeance. She spent weeks and months in and out of hospital, placed on stronger and stronger drugs.

She had not had a comfortable relationship with the medical profession. It was yet another case of a false reputation having been built around her. Even when I had first seen her in her teens I was warned about this 'awkward, disruptive girl' involved in dramatic situations of her own design. - I found someone quite different - a sensitive, vulnerable girl who sometimes did seem to attract problems like a magnet, but who was not a natural trouble maker.

“Sometimes I think they don’t take me seriously. I have been ill so many times ... and often I get a lot of pain. Nobody really explains things to me properly ....”

This was her plea when, beset with gynaecological complaints and stomach pains, she begged for a full medical investigation. Again she was thought to be exaggerating her symptoms and perhaps partly making them up. Again she was vindicated by a last minute operation which found adhesions from her past appendix problems had caused internal complications.

Perhaps it was true that Bonnie’s problems were partly psychological - but in that case did she not deserve help for her emotional problems .. for her anxiety .. for the depression into which she slid from time to time?

... perhaps a lost, frightened, young girl needed to be listened to and reassured. Certainly her symptoms were probably exacerbated by her anxiety ... but however you look at it ... Bonnie was in genuine pain.

Sadly Bonnie’s health went from bad to worse. A defective heart valve sent small blood clots through her body making her suffer a series of mini strokes .. almost unnoticeable at first .. causing a period of deafness, loss of balance .... some transient symptoms which were regarded as malingering before their significance was realised.

She was placed on stronger and stronger drugs. .... These had side effects which made matters worse. Steroids ballooned out the once pretty face.... her body became distorted and bloated. Eventually infections weakened her to the state where her frail body could fight no more.

Bonnie died on 10th October 1995. She was twenty nine years old.

When we made contact again with her daughter Danielle, she was angry and bitter. Acting out angrily at school and at home.

A young girl very much in danger of slipping into the pitfalls that beset her mother ... so alike ... so bereaved. Bonnie had collapsed and died at home just after Danielle returned from school. The young girl had given her mother mouth to mouth resuscitation in a desperate attempt to save her and was left sitting in a chair ‘talking to Bonnie’ and clutching her night-dress. When an aunt tried to get her to move she shouted at her to go away. -

“I was so angry. Why should she still be there and my Mum gone?. They told me she died in the ambulance .. but I knew it wasn't true. I knew she was dead at home .. I could feel it. ... I said to them ‘Why are you taking my Mum?’ I wanted them to leave her with me.

I miss my Mum so much. We had a lot of fun together .. sometimes we used to go to the seaside .. Mum would wake me up and say - come on pack your bag - we're going .. and we would drive down to the seaside, to Eastbourne, right then, in the middle of the night! It was a surprise but that's what Mum liked... .”

“Were all the times happy or did she show you when she was sad too?”

“Sometimes she was sad but if she took it out on me then she would always say sorry afterwards. ... They say, you always hurt the one you love”

“Do you think that she has hurt you in any other way?”

“By leaving me, I suppose. Because she said she would never leave me. She said she would always be with me.

I know she hasn't really left me ... but although she hasn't gone ... you can always say that .... but when you are used to her being there, and you can come in from school and she'll say ‘hello, are you all right?’, and I'll say ‘I'm all right and I'm just going down the road’.

You can think she's still there, but she's not there actually to speak to ..”

“It's difficult to hold on to that ...”

“Yes, sometimes I just can't believe that she's gone. ... but that's all .. you've got to carry on ..”

“She would want you to do that. She would want you to be happy. She adored you didn't she.”

“Yes and my Mum would always fight for me. I think that's why the teachers are getting at me at school .. because my mum's not there to fight for me any more. .... but I've got my Nan .. she can fight for me . I suppose.

But now that's Mum's gone I often think - 'How am I going to do it on my own, without my Mum?' .... but it's OK now ..."

"Do you think it really is OK?"

"No. ... It isn't. .... It isn't OK"

Danielle lives with her maternal grandmother and grandfather in a small but happy household where she is able to keep her pet rabbit and lumbering Rottweiler dog. .. But living with grandparents is not the same as being raised by parents ... a pension does not go far towards buying teenage fashions and sometimes the generation gap is just that much too wide ...

When Danielle came to live with them Ivy received £23 per week for Danielle in income support ... and in return £29 per week was docked from her husband's pension .. so they were worse off!

Life has been hard ... thus the remark .. "I think Mum must have sent you.."

Perhaps she really did .... Danielle has responded to some attention, to being remembered, and to remembering us ... to seeing her mother talking to me on a video clip of a television news programme ... one of those perennial programmes when people are asking "...what can be done to stem the flood of teenage mothers?"

When really the question should be "What can be done to *help* teenage mothers?"

.... But you only get your thirty second response and nobody bothers to listen to the answer anyway .

Somehow we need to make people sit up and listen to the answer .. and maybe it will take girls like Bonnie and girls like Danielle to make them.

At Bonnie's funeral the vicar said "Bonnie was a carer and a swearer .. and a champion of both!"

She cared to the end ... even to planning her funeral service .. she knew she was dying and wanted her family to suffer as little as possible. The

songs she chose for the service were “I will always love you” ; “You’ll never walk alone” ; and “One day at a time, sweet Lord”.

She then asked that the congregation leave the church to the strains of “Always look on the bright side of life” . Very ‘Marty Pythonesque’ and very Bonnie!

Danielle is a credit to her Mum and I am proud and privileged to have been able to share their lives a little .

.. I wish I could have done more.

Bonnie’s story is the only story in this book that is unchanged - names are original and facts are as they happened. I asked the family if they wanted it changed to be anonymous or to keep things confidential and they said -

‘No, Bonnie would have wanted it told straight - how it is!’

Which is what I have done.

\* \* \* \* \*



Bonnie with baby Danielle and great-grandmother



Danielle and Ivy

## **The 'Survey'.**

### **Preliminaries - What?; Why?; How?**

#### **Why a fifteen year survey?**

So why follow up all these girls and families over such a long period of time?

The first survey (reported in "Are you my sister, Mummy?") provided an important database of information regarding pregnant schoolgirls and their circumstances. This was a vital piece of work in terms of looking at the British scene since previously available information had dealt with American groups whose population was not comparable in any demographic or social sense. We needed information on our own population with a view to examining the factors, risks and social stresses of the environment pertinent to British - and particularly London - based teenagers.

This information base was important in terms of understanding factors which led to early pregnancy and childbearing - what motivated young people, what the family's influence might be and how we might intervene to help at any stage. Most important - what were the problems? It is not sufficient to pose the question - how do we reduce teenage pregnancies? This presupposes that all teenage pregnancies are unwanted and problematic - clearly this is not the case and even in the early survey years it was quite obvious that even for the very young schoolgirl mothers there were reasons and needs for pregnancy not all of which were undesirable.

Most behaviour, including early childbearing is measured as problematic in terms of how it measures up to the norms and values of a particular society or group. For some girls pregnancy represented a solution to a sea of problems albeit the reasoning might be flawed and the solution a 'false' one. We do need to acknowledge however that for a great many young mothers pregnancy is desirable and very much the norm of their family culture.

Continuing this argument, there are also many cultures where early marriage and pregnancy is very much desired and one should separate the

‘problems’ raised by cultural expectations and lack of societal support from the personal and individual conflicts and stresses which might be caused by early pregnancy.

Hence the baseline data of the initial work gave us some facts which had previously been supplanted by myths and prejudices about pregnant teens. It gave us information upon which to base interventions, support and help for pregnant girls and young mothers and fathers. Nevertheless prejudice and supposition continued ...

The press raises the issue of teenage pregnancy at intervals in terms of scandal and extremes - inviting the general public to give panic responses to the fear of being engulfed by a tide of teenage pregnancies; ... young single mums grabbing up all the decent housing; ... single boys and men loitering in a state benefit supported limbo, fathering limitless numbers of offspring.

Those very offspring will doubtless require a massive input of state aid and taxes paid by ‘the rest of us’ to provide day care, child benefit etc. ... and will certainly end up swelling the ranks of street crime and general delinquency, will drop out of school and promote drug taking and substance abuse .. hence naturally corrupting other children they may come into contact with.

This may all sound rather extreme and unlikely - but these are in fact views that I have had expressed to me - often by otherwise relatively well educated and seemingly well balanced individuals. In the face of such remarks , it is difficult not to allow oneself an extreme response and a feeling of revulsion for such bigoted and chauvinistic attitudes.

Unfortunately it is not only the press and media who can respond in this manner - members of parliament and government agencies can be similarly out of touch - the government policy statement regarding health in the year two thousand named one of it’s aims as reduction in the level of teenage pregnancies - as if all teenage pregnancy might be undesirable. Several politicians have used the myth of teenage mothers usurping public housing and how they would put a stop to such indulgences as a hook to entice votes.

Without hard facts all we have is a gut response to the ‘unfair’ remarks of others. And by giving a ‘gut response’ we are being as subjective and unfair as the critics. A survey such as this longitudinal follow up gives us

the facts to fight the myths and reveals the true difficulties, positive and negative features of schoolgirl births and young parenthood.

### **Giving something back ...**

Throughout the follow up period it has been essential to provide some 'service' and support to the young parents and no doubt many would question whether inclusion in the survey has in itself altered the outcome. I think not. Whatever help might have been given over the years has been very spread out by time and diluted by the number of cases. None of the girls had any way near as much help as they needed and deserved.

Certainly for some the knowledge that someone cared and that their lives were of interest to others was important. Many of the girls included in various television and radio programmes were justly proud of their contributions and I was proud of them.

This survey includes not only data on the original cohort of girls who experienced the intensive follow ups of early years as reported in 'Are you my sister, Mummy?' but also an added group who gave birth in the months after entry to the first group was closed. They were seen at slightly later dates but on a similar basis although perhaps not so intensively having the minimum visits for data collection and for service provision such as home tuition and booking of antenatal care. Some of both groups were interviewed for the self esteem survey of pregnant girls and schoolgirl mothers (also reported in 'Inner Worlds and Outer Challenges').

It is important to acknowledge that whatever help I was able to give the young mothers, this was a reciprocal process and I am immensely grateful to all the girls and their families for the support they have given me over the years in terms of answering questionnaires, coming to interviews and allowing me into their homes. Without them, this piece of work would have been impossible.

### **So in answer to the question - Why?**

... I can summarise -

- First to obtain information -
  - Second to provide a service -
    - Third - because it has not been done before!

This is a unique survey. Certainly in the United Kingdom a cohort of pregnant schoolgirls has never been followed up for this length of time (fifteen years) before. The size of the sample - 174 - is small by North American standards but respectable by European ones. In addition the cases are all very well known to us and have been very intensely followed up.

Personal in depth knowledge is worth so much more in terms of understanding the girls position than mere statistical analyses. It is due to the 'personal' approach and engagement with the girls and families that we have managed to keep up an excellent follow up rate - currently 89% overall - which again is a major achievement.

### **How did we do it ?**

It began in a small way .. just talking to the girls who came to see me for advice in the 'walk in' advice clinic I set up in Roehampton (South West London) and visiting the families of teenagers who needed home tuition and had for a number of reasons dropped out of the regular school system. I began to ask questions, to wonder why *these* girls? What differentiated the school girls who would get pregnant from those who did not? Could we predict teenage pregnancy or indeed teenage problems or disturbance in general? Was any kind of intervention appropriate or desirable and, if so, what should we be doing to intervene, support and help?

Gradually the idea evolved of providing a support service for teenage mothers and of somehow co-ordinating the input of the many professionals who might briefly impinge on the schoolgirl's life.

Home visits were essential both as a means of providing support for a population group who were notoriously bad clinic attenders and who found it hard to remember appointments and stick to times. More importantly home visits gave a much better insight into the life stresses

facing the young girl, allowed the family dynamic to be looked at and gave other family members the opportunity to also obtain some support. Sometimes the baby father could also be included in these visits.

When it came to seeing what basic resources and facilities were available for young parents, home visiting was essential. In the clinic the pregnant girl can be asked if she has her own bedroom, space for a cot and the bare minimum of information can be elicited. This is no substitute for actually standing in a cold flat, seeing the damp running down the walls, seeing the peeling ceiling flake off plaster onto the child's bed or seeing the baby wedged in an open drawer because there is no room for a crib.

In the clinic you can be told how Dad is angry, upset and not talking to the expectant mother - but on personal visit you can see how depressed and helpless this man feels.

As the support service was taking form it became even more clear that a scientific survey of this group was required in order to both establish need and to better plan service provision. Hence contact was made with every school girl who became pregnant in a specific geographical area - which at the time was defined by the area covered by a London Health District (Camberwell / King's) In two London Boroughs (Lambeth and Southwark).

All girls were of statutory school age at the time of conception. In the United Kingdom school leaving age was then 16 years. All girls falling pregnant and who by intent or by default continued their pregnancies within a time limit were included - new inclusions to the group began in 1980 and ceased in 1987.

The initial piece of research involved a number of stages :-

- base line information gathering during the pregnancy
- data regarding the birth itself
- six week follow up
- six month follow up
- one year follow up
- two year follow up

The data and conclusions of this part of the survey are included in the book 'Are you my sister, Mummy?'

Further survey work included a self esteem measure performed in 1987 which tested and compared -

- part of the *first* group of the cohort, who at that time were young mothers with pre-school children with
- the *last* group of girls who were still pregnant.

This study is reported fully in 'Inner Worlds and Outer Challenges' and is also discussed at the end of this book.

Further survey points have been at :-

- five years follow up
- ten years follow up
- fifteen years follow up

### **The five year follow up -**

At the five year stage we experimented with some peer involvement in follow up. This was largely unsuccessful and alternative arrangements were eventually made to return to the standard format for visits.

The trial involved young mothers and some 'ex patients' of Youth Support who were given a territory near their homes and helped to visit some of their peers. Letters were sent in advance and the participants were also given letters of authority proving their bona fide.

The reasons for lack of success were several. Young people were unable to trace or follow address changes - transport was a problem - and families and neighbours did not take the youngsters seriously hence did not prove helpful or willing to disclose any information. It was hard for young people to go visiting in the evenings or after dark when many families were in - hence many 'missed' visits took place.

Generally speaking families did not read or respond to letters. That has been our experience throughout. A small group - the same individuals at all stages respond to letters - the majority discard written communication. Many because of a general attitude to letters - often bills , circulars and bad tidings .. a number due to literacy problems.

Interestingly, now at fifteen years, many of the young mums have said that they would very much have welcomed some peer group involvement and would have found it an important support to have a girl in similar circumstances visit them. Groups have also been suggested. In practice however the barriers to peer support are difficult to surmount. I am glad we tried it - but it is not an exercise which I would care to repeat.

### **The ten year follow up -**

At the ten year follow up children were in their last year of primary school and hence it had been planned to perform some follow up in liaison with the schools - the school medical records could have proved interesting and communication with school doctors would have given useful insights to both parties.

During the first part of the survey I was in fact the senior medical officer responsible for school health in the catchment area and hence I had access to this school health information. By the ten year stage, I had left the health service and worked entirely for the charity Youth Support.

I approached the relevant authorities for access to the health records of my patients. Despite the fact that my medical colleagues appeared to give support to the work and seemed to hold no objection to the sharing of information, I found myself entirely blocked by the administrators. This did cause me deep frustration and some momentary anguish .... but also reminded me of the reasons why I had left the National Health Service in the first place and set up the Charity as a vehicle for carrying out work with young people and providing services which the statutory authorities did not cater for. The incident strengthened my resolve that I had made the right decision to leave the NHS.

It is I suppose a sign of our times, but it seemed quite ridiculous (stronger words come to mind ...) that an important survey should be completely impeded by non clinical managers and administrators - a good example however of the lost opportunities in the health service which are brought about by lack of appreciation and deprecation of the dedication and commitment of the individual.

The whole direction of the ten year follow up therefore had to be changed again and rather than communicating with the school health service - all follow up was done by means of home visits and individual communication directly with the families.

### **The fifteen year follow up -**

The fifteen year follow up was the most thorough of all the sweeps since the initial information gathering exercise in the early eighties. We endeavoured to trace as many girls and their families as possible - going back over the 'failed' follow ups of previous years and catching a number of girls who had been lost for some time. Information missing from previous survey data was thus filled in at this stage and a final follow up rate of 89 % was obtained.

All the information was elicited by virtue of home visits - often to the young mother's home and also to the parental home (grandparent). Where there was more than one household - all households were visited to make sure that information on partners and the children was accurate.

### **Tracing the families ...**

One of our biggest problems was in tracking down families current addresses. At the two year follow up stage there had been considerable problems in keeping in touch.

London as a whole has a very mobile population and this factor is even higher in the inner city and poorer areas. Teenage mothers move very frequently - by the time her baby is two years old the average young mother has moved three times since the birth of her child - many moved as many as seven times.

Over the next ten to fifteen years the nomadic nature of the families lifestyles continued, constituting a problem for follow up and a barrier for provision of services and adequate health care. Moves were necessitated by temporary housing arrangements, living with relatives and friends, squatting, inadequate housing and council rehousing.

Family structures change, parents may die or move to another part of the country depriving girls of the 'family base'; girls break up with 'in-laws' who may have put them up; new partners may come on the scene - although this does not often impact on housing since they rarely live together; new children are born and thus housing needs alter.

Several housing developments and refurbishments in the council housing within South London have made it necessary for families to move. Individual flats may also require repair or may have been damaged by fire or flood.

The number of moves are a measure of the level of housing conditions. If the homes are adequate, families are not forced to move so often. In the early years, the young mums missed out on basic health care antenatal checks, health visitor appointments due to the moves - as time went on it was their children who suffered more - lacking adequate housing to grow up in and also lacking a stable base from which to go to school, develop friendships .. frequent moves of house are usually associated with frequent changes of school with resultant disruption of education.

By the time of the fifteen year survey we had an enormous mailing list of addresses - most girls had at least four addresses - some *many* more ... we lost count of the number of changes.

Follow up technique involved writing a letter to all the address combinations informing people that visits might follow and letting them know that we were trying to trace them. The response rate for letters was approximately 2% of girls - amounting to about 0.5% of addresses - but we did not really expect a response - most who got the letters just waited for the follow up visit - many letters went to 'dead' addresses - but 'blanket' postings had to be made in the hope of reaching even a few correct addresses.

The next stage was telephone contact with as many households as possible. We did have the numbers of about half the families - but many had been cut off or changed and were not in the telephone directory. This is an increasing difficulty nowadays as more people become 'ex directory' to avoid nuisance calls - (including debt collection perhaps?).

The third stage was the visit. This is the prime information gathering opportunity - if the visit is successful. Visiting can be depressing and draining. A day packed with approximately 20 visits may result in just

one or two successes. The 'helpers' who made many of the visits for me at the fifteen year stage had to be constantly reminded that the process was slow and meticulous ... but that gradually we were making ground.

What started as a 'sky high' pile of record sheets for pending visits precariously perched on every free flat surface of my office .. gradually became whittled down. Almost imperceptibly at first .. and a large box of 'completed data' slowly - often painfully slowly, began to fill.

There were weeks when only one sheet would pass from the pile to the box and we had to give each other 'pep talks' to keep going. .. But just as we thought we had covered every angle and run out of new avenues .. a lead would come up to stop us getting too dispirited.

Even correct addresses could be frustratingly difficult to find and incorrect ones hard to eliminate. So often a visit might result in 'no reply' in which case we were still left not knowing if the family still lived there. Neighbours were not reliable - often not knowing who their next door occupants were - or not having seen anyone for months.

Visits would be made at different times of day and varying days of the week - on average each address had to be visited three times - some as many as five or six times. When that happens it is great to have the door opened by the correct family - and rather depressing when yet another group of Vietnamese immigrants peers out!

As young mothers get older, their frequency of moves slows down - hence parent's addresses proved more stable than that of the young mothers. Nevertheless, there were numerous occasions when all possible addresses drew a blank.

We had several very 'helpful' interventions from the housing authorities - like remodelling blocks and moving the families out .. then moving them back to different flats and reshuffling the numbering system! Pulling down parts of estates, relocating families and not telling us where they had been moved to.

There is no universal procedure which councils follow in divulging addresses. Some will be helpful when they have an 'official' letter - others will not divulge addresses without consent of the family - but if you cannot locate them - you cannot ask for their consent - another catch 22. We now have consents lodged on our files from most of our original

girls. Some councils will pass on letters requesting consent .. but these do not get answered. Official letters scare young parents. Envelopes from councils, even if forwarding our letters - tend to be binned before opening.

Similar arguments apply to all the other 'official' lines of enquiry. We contacted - housing offices - social service departments - doctors surgeries - the health authorities - health visitors - local clinics - hospitals where mother or child may have received treatment - schools ..... etc. etc. etc.

.... Telephone companies and telephone directories - for several girls with unusual names we rang every one in London with that name to find a relative! Sometimes we were successful and other days we just found more lonely people ...

*“Well it is really nice to speak to you, I don't get many callers you know, ... but I have to confess that I don't have a daughter! Why don't you ring me again next week and I will get in touch with my brothers and see if they know anyone else in the family who might help. I really would like to help you..”*

or got an unfriendly response ...

*“Hello, is that Reverend so and so ..?”*

*“Speaking .. Hallelujah .. Praise the Lord! And what can I do for you today?”*

*“Well, actually I wondered if I could speak to your wife?”*

*An abrupt - “You want the other line!” Hung up...*

Libraries were scoured for the voters' lists - often not registered partly because of the general avoidance of 'paperwork' - partly in an attempt sometimes to avoid the poll tax of recent years - and girls also change their names .... Sometimes many times. In fact the least 'stable' in their lifestyles are those most likely to change names most often as they move from one relationship and one household to another.

Churches where families might belong to the congregation ...

*“Sorry, we are a different sect ... there are several Pentecostal churches ... we are ‘Oliveat’ , you know ... from the ‘Mount of Olives’ ... don’t you know your Bible? ... but you are welcome to stay to the service..”*

Laundrettes and dry cleaners, the local newspaper shop, the corner shop where they might buy groceries!

The whole exercise at times took on the flavour of an Agatha Christie novel ... with several Miss Marples and Poirots scouring south London.

\* \* \* \* \*

Carol had moved many times in the early years - from mother, to flat with the father of her first child - to her sister - to flat with the father of her second - to her own flat ... That added up to five addresses where there might be leads. All failed. A friend had lived on the same estate ... but the estate was remodelled and everyone ‘lost’. Mother and sister had also moved.

Then someone who used to know her said they thought she had moved to another part of London but worked in a local launderette so that the children could still attend a school nearby.

A tour of launderettes eventually brought success ...

Carol thought that Susan managed a ‘pub’. She did not have an address but knew roughly where the public house might be ... A pub crawl with a difference - to the ‘Frog and Firkin’, the ‘King’s Arms’ ... the ‘Greyhound’ and ‘The Half Moon’ ... gave us another contact.

\* \* \* \* \*

Two of us made a visit to a crumbling Victorian house on the edge of Brixton - there was a blue plaque on the wall next door telling us that a music hall comic from a past era had lived there in better days.

‘We can’t go in there - it’s derelict ... nobody could live there..’

‘It’s the last address .. we don’t have anything else to go on now’

No bell. No response to the knocks on the door ... but as we argued a twitch of a curtain gave the game away ... someone was inside. We called up to the window .. eventually the sash slid up and a conversation of sorts ensued through the bedroom window.

Having no intention to discuss personal questions in shouts over the traffic noise, our voices dropped quietly amid complaints of losing our voices - ice breaking laughter followed and a few moments later the front door opened slowly framing a young mother with six smiling faces of various sizes pushing their way between her and the door frame.

\* \* \* \* \*

### **How do we conduct our visits?**

*“.. Listen, be observant, never rush or appear in a hurry .. this feels like a discount .. we need to show genuine interest in their lives and problems. Never prejudge or generalise and do not put words in their mouths .. let them take the lead in conversation .. there may be something they are really wanting to talk about and have not had the opportunity. Many are isolated and welcome a visitor ... particularly some of the ‘grandmothers’.”*

We never use a questionnaire on home visits. The information required for the survey takes second place to providing a friendly ear and a support. Key questions are memorised and replies just jotted down on a piece of paper and copied out later - questionnaires push people into boxes and turn them into ‘case numbers’.

We do not carry files and usually visit alone rather than in pairs. People carrying bags and files look too much like social security officers, bailiffs or social service agents. It is important to make sure people identify us quickly as being from Youth Support and that we have nothing to do with ‘officialdom’ and that nothing they say to us will be passed on to anyone official.

This is very important .. having a medical base is also helpful. There have been many instances of my being admitted to a household which was a ‘no-go’ area for other agencies. ... Like the time that an education welfare - ‘truancy officer’ - stood open mouthed at the gate as I was hugged

goodbye by a family who had barred the door to all comers. ... Or having the more than slightly unnerving feeling of all eyes upon me when I visited a family at the tail end of one of the riots ... I knew the police were stationed behind a wall on one side of the road and a group of young men were hiding behind the opposite wall led by the brother of one of 'my girls'. I also knew he had been making petrol bombs and had them stacked up just out of sight.... Each side were edgily waiting for the other to make a move and I prayed it would not involve me!

Incidents occur which can be funny, poignant or frightening .. we have to be ready for anything and prepared to step in and help.

*“On my first visit of the day I found myself calming a neighbour running around brandishing a knife .. he turned out not to be as disturbed as he looked .. and he did give me some useful information on our family living opposite who were driving him mad with the noise of seven children all screaming at once.*

*..... The second lady - a grandmother - had the carpet cleaners in and I made myself useful keeping the dog off the wet floor while she told me about her daughter.*

*... The third visit brought me up against a very drunk elderly woman who had been at the rum .. the conversation was interesting ... but about the wrong family!*

*The last case which I got to late in the early evening was at a flat where a young woman opened the door with a baby in her arms. She looked frightened and downtrodden - very vulnerable.*

*Before she could open her mouth a very hostile looking man appeared behind her. I reassured both of them that I had an invitation for the reunion and I had called in for a little chat to see if transport was needed.*

*... I was taken down a bare, very poor hallway to a room with a bed and cupboard and a cot. I sat on the end of the bed with the mother, we knew her partner was hovering outside the door, listening... I made small talk about the baby ... I could see fear in her eyes and I raised my eyebrows questioningly. She whispered 'Please help me'.*

*.... I passed her the telephone number and made an excuse to leave so as not to raise his suspicions. Later she rang and told me her story when he was out of the house. We involved the domestic violence unit.*

*I have found this sort of situation a number of times - they tell you things are fine at first and the flat might seem comfortable .. but the eyes give away the fear or the sadness and as a rapport is established the true picture comes out.*

*I frightened one poor lady who came to the door and on hearing that I came on behalf of Dr Birch she shrieked 'Oh God! .. Oh God!' before I could explain further and screamed for her family .... Apparently the poor grandmother had been awaiting the result of an X ray and was convinced she had some dreadful cancer. She jumped to the conclusion that the news was being broken to her at home. We then started again, had several cups of tea and I met the whole family including the two sisters who had been on our list."*

## **The Reunion -**

On 4th February 1996 we endeavoured to have a young families reunion. The purpose of this reunion was social, as a thank you, as a celebration and rewarding of young parents .. and to an extent as an information gathering process. This latter point was of lesser importance since all the families had previously been interviewed to obtain essential information. However the event provided the opportunity for inter family discussion, for sharing of information and for interviewing children and family members who may have been absent at the home visits.

The reunion was more successful than we could ever have dreamed ....

\* \* \* \* \*

.... I am left wondering what the residents of a quiet London suburb thought when sixteen bus loads of young families converged on Youth Support House on a Sunday afternoon.

Indeed we were lucky to even find enough buses at short notice ... the task just grew and grew from an idea I had that it would be nice to get together with some of the families and maybe show the girls Youth Support House ... it started with a little informal 'tea' and chat - perhaps with a dozen girls at most - some of whom might bring their children or boyfriends.

As the weeks went by more and more said they wanted to come .. the word spread .. families wanted to join in .. grandmothers and grandfathers expressed interest ...

Here follow some comments from those staff members present.

\* \* \* \* \*

*A seemingly constant flow of invited guests and families arriving with anticipation at YSH - being warmly welcomed and received for the afternoon by Sonia. Bustling activity in the school room building - small family groups merging into larger groups - staff mixing and chatting with families - everyone hoping to meet and chat to Dr Birch. Children*

*rushing around ready to join in the organised games - endless flow of soft drinks, tea and goodies.*

*Generally those I spoke to had been delivered in Kings College Hospital with their first baby and had lived in the Peckham, Camberwell area.*

*Those mothers invited to complete the questionnaire willingly participated and appeared open and thoughtful with their answers - they had no particular objection to any questions and showed definite confidence and maturity as parents.*

*One highlight of the afternoon for me was the group photograph - everyone gathering together as one smiling happy group.*

Isobel - Nurse

\* \* \* \* \*



\* \* \* \* \*

*My impression of 4th February was that the mothers felt very happy that someone had remembered them and was still interested in them; that they were on the whole immensely proud of their offspring considering all the adversity they had had in those young lonely years. They felt stronger and more able to cope with problems because of their difficult past.*

*Many of them felt they would like to be counsellors or give some help to girls in the same position. They seemed to want to guide others from making the same mistakes but with practical help rather than any judgement.*

*Many said it was after the initial practical help was given that there was great loneliness and isolation, they would have liked a mother figure to call round once in a while to see how things were for them even just to listen or a shoulder to cry on, an arm around to comfort. They felt it would have been nice for other girls in their position to have contact like a self help group.*

*On the day itself there was pride and achievement glowing from most of them, they seemed pleased to have come and I noticed some exchanged phone number or talked about getting together. Even some of the eldest children who were shy and lonely and very conspicuous by their initial unfriendliness and embarrassment ended up laughing and joining in, two especially who had been dragged along said ‘..don’t expect us to leave in a hurry’.*

*... That should speak for itself. They were definitely a help to each other because by my notes both didn’t have friends go to school or mix much.*

*Another child who was very unhappy identified with the animals and wants to go to the pet shop. Who knows?*

Margo - Carer.

\* \* \* \* \*

*On arrival at 2pm I thought I would be one of the first to arrive but surprisingly there were many families there before me. It was very rewarding to see all the children ranging from toddlers to teenagers and my surprise was how well everyone behaved. I found it a privilege to chat with some mothers who seemed to be managing their lives very well and also their well behaved children.*

*I found the day a happy one for everyone, both parents and children were very relaxed and seemed to have enjoyed their day.*

*I happened to travel back home with some families and it was quite clear they had a good time and thought the whole idea a very good one. It gave them the chance to see other mothers they haven't seen for years. Also very encouraging to see what they have all done with their lives. Although a staff member, I felt good as well*

Esther - Care Worker.

\* \* \* \* \*



\* \* \* \* \*

*I was involved in the mammoth near impossible (so I thought) task of tracking down the original teenage mothers and their families for this research across South East London. It meant taking whole days following up leads with a name, address, map and picnic.*

*I was pleasantly surprised how helpful many families were - especially as their children are now teenagers themselves. The other thing that struck me was how many connections there still were between the girls and families, how a lot of them had stayed friends throughout the years.*

*I expected around 30-40 people to attend the reunion on 4th February and was amazed at how many bus loads of people were arriving. It was a hectic day, welcoming everyone, organising staff to interview men, women and children - all in all, a very enjoyable day actually meeting the girls who laid the foundations of the work that Youth Support does today.*

*The overall impression of the day was thoroughly memorable - I think that goes for everyone who was involved, to actually trace so many people over so many years was not an easy task by any means - but we did it!*

Lisa - Manager.

\* \* \* \* \*

*Organised chaos! We had anticipated maybe twenty five percent recall of girls from ten to fifteen years ago but on the day over a hundred arrived - team handed! They had mostly put on their Sunday best clothes too - some expensive, leathers and designer labels - And the children - naturally they were teenagers now and unsure of what they were doing here but the hubbub soon relaxed them.*

*Some girls had their extended families with them, aunts, uncles, fathers, siblings, .. several generations - that's what it felt like when we hastily wrote their names on sticky labels in double quick time. Judging by the noise and laughter, the food and photo session, the mini zoo and music, the games and*

*gifts - they all left eventually tired but happy having caught up with themselves in a very positive way .*

Sonia - Personnel.

\* \* \* \* \*



*The day was well structured, every one mixed well. I interviewed five mothers who were very open - very happy to share their feelings and thoughts with me.*

*The questionnaire was well thought out, covering all areas of then until now. Overall, a very good, enjoyable day which people together, they are all stating one fact. I am doing OK now - thanks for your help.*

Florrie - Social worker.

\* \* \* \* \*

*It seemed that for many of the young people 'Dr Birch' was someone who had been around 'for ever' ... there was a vague idea of who she was but somehow she helped their mothers ... a stable figure in their lives.*

Sheena - Psychotherapist.

\* \* \* \* \*

Sheena's comments made me feel old! Yes, it was great that I was seen as some sort of stable figure 'in the wings' .. but 'for ever' made me sound like a dusty Egyptian 'Mummy', rather than a psychological 'mother figure'!

It was a very moving experience for me ... seeing all the girls again ... seeing some of the children who were growing up .. and most of all seeing how well girls had done bringing up their families. I really felt a great sense of pride in their accomplishments ... as if they were part of my 'family' -

... and in a way we were all a family - linked together by the fifteen years of struggle - the parents in getting their lives sorted out, in facing hardships and pain and in surviving as young mums and young dads - and myself in struggling to get recognition for the needs of young parents and young people in general .. setting up Youth Support and pushing out the

borders of medicine into the social and emotional field of adolescence and deprivation.

Of course many of the stories were sad and we uncovered a tremendous depth of pain and need ... a need which in some ways we hope to fulfil if only we can find the resources to do so.

In fact the 'Reunion' turned out to be more than a 'one off' event. Quite a number of people got in touch with us afterwards - heard about it from friends - or we managed to crack that last piece of detective work necessary to unearth a lost address. So we had 'Reunion Two' in April 1996 and a smaller 'Reunion Three' in June.

Before we start sounding like a 'Jaws' movie .. and go on to Reunion four ... Reunion strikes again .. Return of the reunion etc. etc. ... I can assure my weary and trampled staff and over worked 'animal therapists' that we will not be having a further series of reunions of hundreds of young families ... but instead we will be having monthly - 'Open house' support groups for those who can make the journey to South London.

\* \* \* \* \*

## Qualitative Research

Over the centuries the character and image of medicine has changed. 'Doctors', in other words Physicians, as opposed to surgeons who were called 'Mister' and identified with the 'Barber surgeons' - were not strictly thought of as scientists. Medicine was an art.

With the advent of the 'Scientific method', new treatments and investigations, new ways of 'evaluating' patients, Medicine has become a science ... but patients are still people!

It is important that the 'old skills', the 'art' of medicine is not forgotten in the search for scientific correctness. This statement can be no more important than in the field of social medicine and the emotional territory of psychology, psychiatry and psychotherapy. In fact at a recent meeting celebrating the centenary of the paediatrician and psychoanalyst Donald Winnicott considerable time was given to debating whether the great man was a scientist or a poet and we were reminded that 'The art of Medicine is not always scientifically analysable'. Hence the need for qualitative as well as quantitative research models.

Much of the schoolgirl pregnancy study described falls into the realm of qualitative research. This is a field which has to a large extent been neglected in the past, in the search for quantitative studies which often require large numbers relying heavily on the statistical approach and thus inevitably missing a great deal of valuable anecdotal information.

The word anecdotal was often regarded almost in a derogatory manner; to say that something is anecdotal means that it is not quite good enough to be regarded as scientific research or a valid finding in a research study. However, when the content of the anecdotal information is looked at and moreover when different incidences of anecdotal reporting are put together they can make a whole picture which is extremely revealing and valuable.

This is certainly the case when one comes to researching matters concerning outcomes and success rates for example, in work with teenagers and adolescents, and certainly when one looks at anything to do with emotional responses, therapy and intervention. With regard to this present study, qualitative research gives us a way to estimate coping skills

in girls and families, and to see why certain things happen and certain results ensue.

In many studies, particularly some coming from North America where teenage pregnancy rates are much higher than in Europe, and study samples tend therefore to be large, a lot of data has been collected by means of questionnaires. The data has thus been quantified numerically, often computerised and statistical analyses are read off at intervals according to the need of the researcher. Thus the information ultimately derived is in a mathematical format.

Unfortunately people do not behave like numbers, and although maths can give some answers and allow us to produce some of the graphs and tables in this book they nevertheless mask the true picture. By knowing girls over a long period time on a personal basis one is not restricted just to looking at final numbers, but one derives a sense of knowing 'why' and a better understanding of what those numbers mean.

For instance - looking at number of pregnancies, or the average number per girl, at various intervals after the first birth or at various ages, is just precisely that - a statistical figure of number of pregnancies. But *why* are the girls having this number of pregnancies, and what is actually *meant* by the 'average'?

Looking beneath the crude numbers and knowing *why* certain particular girls got pregnant reveals another picture - the fact that the group is not homogenous, there are different factors operating which tend to draw some girls towards having one child only and others towards repeated pregnancies. Without actually knowing their individual stories it is difficult to come to valid suppositions and conclusions on such a matter.

In qualitative research, the interaction between the researcher and the client or patient and the emotional or psychotherapy input of that interview are very important. With the self-esteem studies, particularly, it was important to look at the psychodynamics of each individual and the assessment made in the psychotherapy interview was, if anything, more important than the actual numerical estimate of self-esteem which is derived from the questionnaire.

Another example here - a mother might be seen as having a matter-of-fact attitude towards her injured child. The casual observer might regard this as callous, lacking feeling, denial etc. whereas a closer study of the

mother / child interaction or family situation might actually discover that this is an effective coping strategy employed by the young mother who had experienced a lot of pain; has perhaps been abused, and who has to cut off some of her feelings when dealing with her injured child, taking the child to hospital, being interviewed by medical staff etc.

If she allows her feelings through they could overwhelm her and she would then break down and not be able to cope with the situation or caring for her child. The same reaction could be seen in a positive or negative light, depending on the depth of the interview and the depth of understanding of the totality of her situation.

The difficulty sometimes with entirely quantitative research is that interviews tend to be too limited - perhaps confined to questionnaires alone. Not only does this limit the actual information elicited but the questionnaire itself can be an enormous barrier between the interviewer and the subject.

Some researchers will actually opt for using a questionnaire like this because it provides a protective barrier for *themselves* - they do not actually engage closely with the patient and do not want to because getting too close to some of the pain and difficulty in the patient, or being exposed perhaps to the aggression and anger of the patient, is something they cannot cope with. Perhaps they do not really want to be involved with the ongoing care of the patient or taking responsibility for any outcome of the interview. They just want to dip in, take their information, and run.

Saying it this way might appear rather harsh and in a way condemning the researcher. There are obviously a large number of researchers who would no way wish to harm or use their patients. However, it must be acknowledged that there are a number of researchers who are just using patients in order to obtain information for a research paper which may further their career but perhaps not actually in the end help the patient.

Throughout all the contacts with this cohort of teenage mothers and their families we very much endeavoured to provide support and service, hand in hand with the research project. To do otherwise is unfair to families.

It is of course possible to look at the esoteric gains in terms of telling the girls that by helping in the research model they would actually be helping

to make life easier for other girls who come into the same situation as themselves.

They deserve more than that.

Putting patients into an esoteric group like that is playing into their guilt and low self-esteem. It is like saying “Well - we don’t care enough about you to try and make you feel better during this process, but you could make a difference in helping others”. Many of the girls we deal with, who may have low self-esteem are already into this mode of caring for others, and not having their own needs met.

As I have said elsewhere, teenage mothers are often criticised for not being able to place the needs of their children above their own, and this is grossly unfair. Until they have fulfilled their own needs it is impossible for them to be able to fully love and care for their children. An empty vessel cannot have the resources to care for others. Therefore one has to pay attention and take pains to ensure the research model presented to young mothers does not feed into this dynamic.

They need to be offered help and support at each stage in their own right, and not merely as an esoteric gain. Practical help needs to be provided, help with housing, nursery placement for the child, counselling in the widest sense of the word.

\* \* \* \* \*



## **Findings and Results**

### **Fertility and Repeat pregnancies**

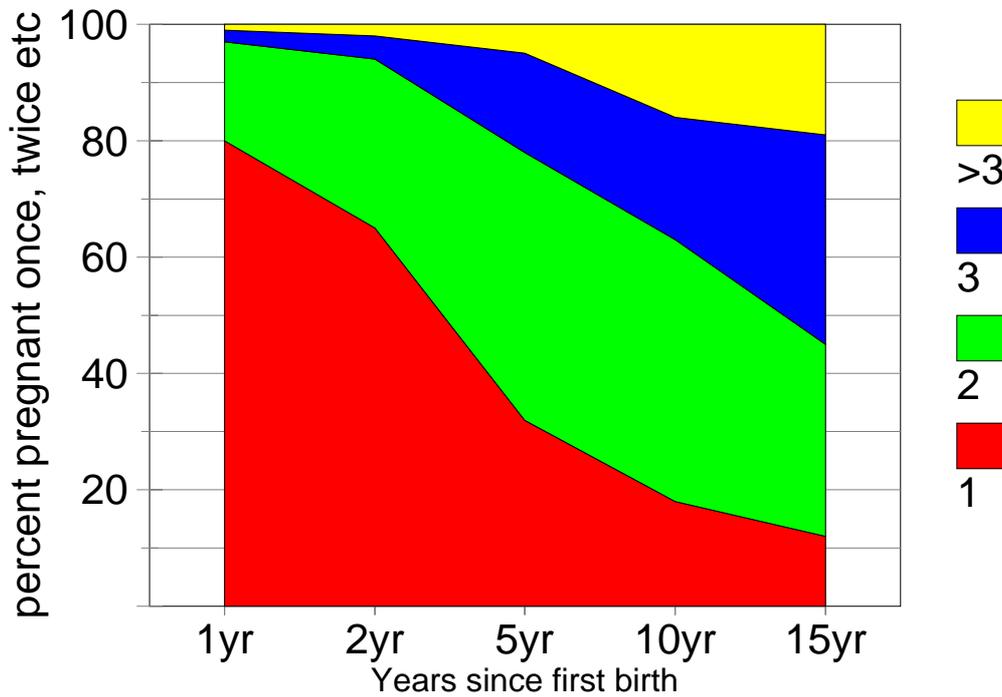
Those who have been pregnant as schoolgirls are generally speaking a highly fertile population. They begin their childbearing career at an early age and are likely to remain fertile during a large segment of their life span.

Even in the early stages of this survey it was clear that a significant percentage of the girls would go on to have a large number of pregnancies. At the stage of the six month follow up 16% of the girls were pregnant again and this had risen to 25% by the time the first child was one year old. The mean interval between pregnancies in the first two year period of follow up was only 9.8 months. The girls were extremely poor users of contraception; contraceptive use prior to the first birth was negligible (less than 7% ) and after the first birth the rate was also extremely low (41%). By the two year stage nearly 30% of the girls had been pregnant twice and 6% had been pregnant three times or more.

By the time the first child was five years old nearly half of their young mothers (46%) had been pregnant twice and a fifth (22%) three times or more. Going forward another five years to the ten year stage - over a third (37%) had been pregnant three times or more and by the 15 year stage this applied to over half of our girls (55%).

REPEAT PREGNANCIES					
	number of times pregnant				%
	1yr	2yr	5yr	10yr	15yr
1	80	65	32	18	12
2	17	29	46	45	33
3	2	4	17	21	36
4	0	1	4	12	12
5	1	1	0	2	4
6			1	1	0
7				1	2
8					1

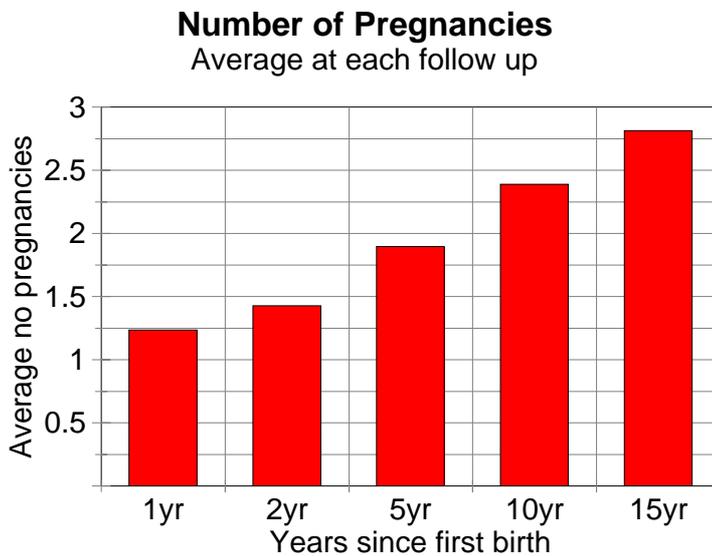
### Number of times pregnant

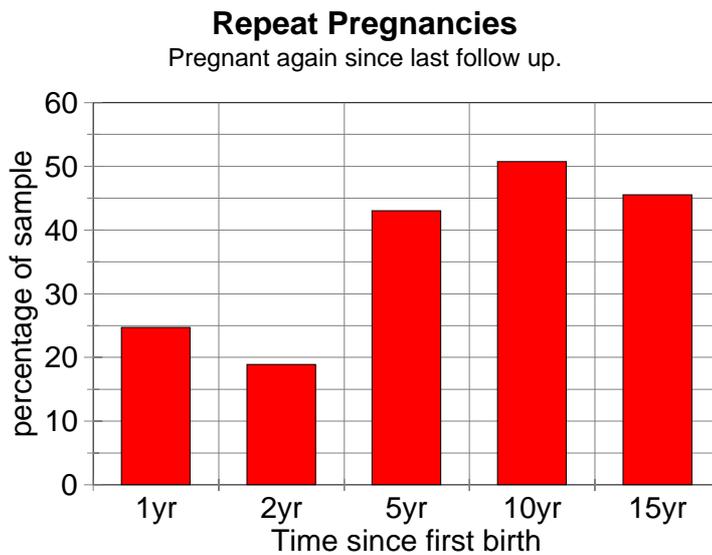


Looking at the statistics from another direction - on average at 5 year follow up each girl had been through nearly two pregnancies each (1.9), rising to approximately two and a half (2.4) at ten years and just under three each (2.7) at the fifteen year follow up. In terms of the number of children this represented, this was slightly lower - the discrepancy being accounted for by miscarriages and some terminations. This resulted in the average number of children per girl at the five year follow up being 1.7, rising to 2.2 at ten years and 2.6 at three years.

With regard to the timing of pregnancies, the rate of repeat pregnancies continued to be high throughout the years. Each follow up showed a high number of girls had become pregnant again since the last interview. In fact, we have said that by one year a quarter (25%) were pregnant again but between the one and two year stages 19% had another pregnancy. By the time we reached the five year follow up stage 42% of the girls had been pregnant once more between the two and five year stage.

Interviews at the ten year stage showed just over 50% had become pregnant again in that five year period and even at 15 years the rate of pregnancy in the previous five years remained high at over 40% .

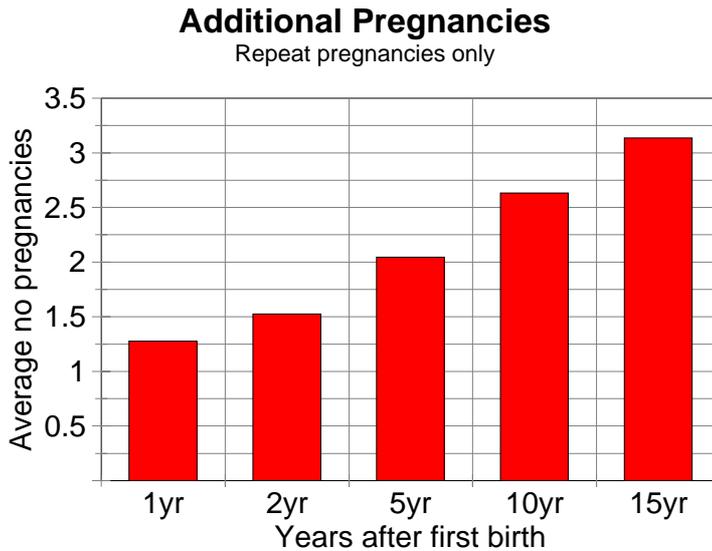




Averages can be misleading when the group is not homogenous. Looking at pregnancy patterns, it is of note that a certain number of girls did not have repeat pregnancies and had only one child. They formed a small but important group whose characteristics will be discussed later.

If one excludes this subgroup of girls who had one pregnancy only - i.e. looks at the number of pregnancies for the repeating girls as opposed to the girls who did not have a repeat pregnancy - we note that these repeating girls have a very high pregnancy rate. These girls have already had an average of two pregnancies (1.6 children) by the five year follow up, 2.6 pregnancies (2.5 children) by the ten year follow up and three pregnancies (2.9 children) by the fifteen year follow up.

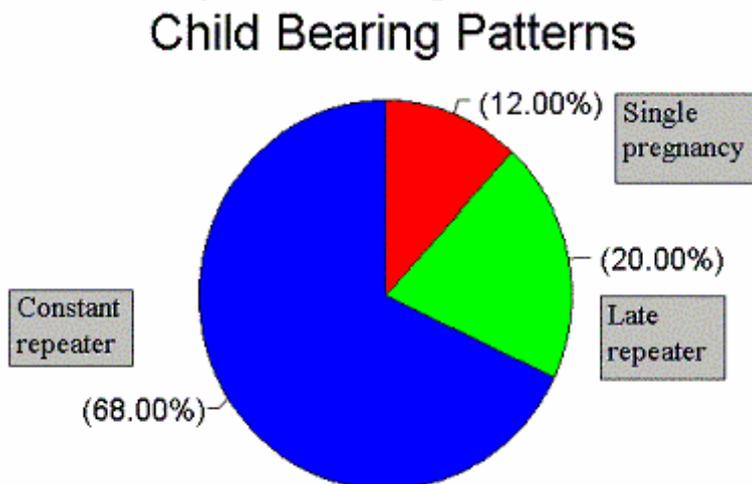
A graphical overview of additional pregnancies for this highly fertile group shows a linear growth over the years. This contrasts with the overall graph which seems to show a reduction in the pregnancy rates in the middle years with a late peak at 10-15 years. The differences relate to the fact that it would seem the 'repeaters' in general continue to have pregnancies at a fairly steady rate over the years whereas some of the girls who do not wish for another pregnancy early on seem to enter a second stage of childbearing at the 10-15 year interval.



There do seem to be three sub-populations with regard to pregnancy patterns :-

- 1) **Single pregnancies** - girls who have one pregnancy only and continue like this throughout.
- 2) **Constant repeaters** - a group who maintain a high level of repeat pregnancy throughout
- 3) **Late repeaters** - girls who have one pregnancy as a schoolgirl then do not have repeat pregnancy until they enter a second later stage of childbearing (adult childbearing stage)

The child bearing patterns of the three subgroups are illustrated in the pie chart - 12% have one pregnancy only, 20% had a later pregnancy (late repeaters) and 68% fall into the group of constant repeater.



In general , it is clear that this group of young women do have a much higher fertility rate than other girls of the same age. The risk of pregnancy is particularly high during the first year after the birth of the first child when teenage mums are eight times more likely to get pregnant than the general teenage (under 20s) population.

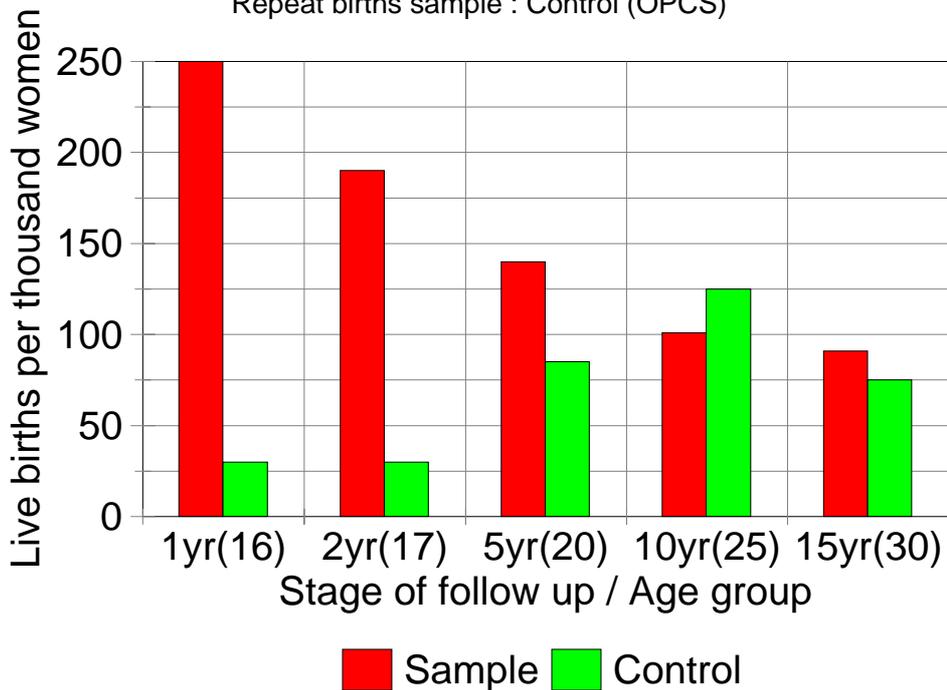
<b>Comparative Fertility Rates</b>			
		Live births per thousand women	
Years after birth	Average age	Sample	Control
1	16	250	30
2	17	190	30
5	20	140	85
10	25	101	125
15	30	91	75
Control data based on OPCS FM1 96/1 (May 1996)			

It should be noted that during the study period, there has been a significant change in mean age at childbirth of the general population which stood at 26.5 years at the beginning of the survey in the early eighties and has now risen to 28.5 years in 1995. The 25-29 year olds have always had the highest fertility rate in the general population but now the second highest rate belongs to the 30-34 year olds rather than the 20-24 year olds as was the case in the early eighties. This change in the general trend has to some extent ‘fudged’ the degree to which the fertility rates for the sample girls have remained very much higher in later years.

Subdividing the sample by race - there was a very small difference in numbers of pregnancies between the white girls and black mothers in the sample. Afro-Caribbean mothers tended to have slightly more children by 15years - although at 2 years the numbers were the same. There was a bigger gap between numbers of pregnancies and numbers of children in the caucasian girls - who tended to have a slightly higher number of terminations and miscarriages.

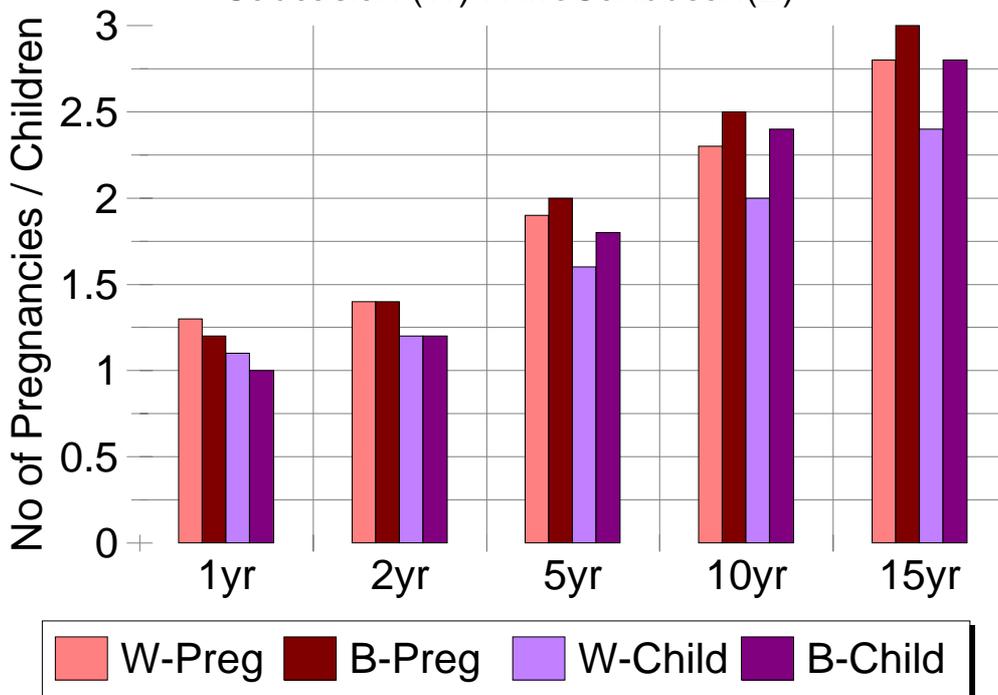
### Comparative Fertility

Repeat births sample : Control (OPCS)



### Racial Differences in Childbearing

Caucasian (W) : AfroCaribbean(B)



## **Patterns of Relationships.**

Naturally enough, discussion of relationships is inextricably bound with discussion of pregnancy rates. In most cases the same factors operate in determining whether a girl will have single or multiple partners and single or multiple pregnancies.

There are of course a number of girls who have several children by the same man, but on the whole those who stay together have less need to have many extra children and have the stability of their relationship with each other to keep them emotionally fulfilled.

### **Staying Together - Single Partners.**

The myth of the promiscuous schoolgirl mother has been exploded already when it was noted that at the time of conception, over two thirds of the couples had been together for more than six months and similarly for over two thirds of the girls this was their first sexual relationship.

Also, contrary to popular opinion, not all teenage girls are preoccupied with sex. ....

\* \* \* \* \*

“I got pregnant by accident. I didn't know what I was doing , I never thought about getting pregnant ... I didn't really want to have sex anyway .. I did it for him but I didn't really think I was ready for it.

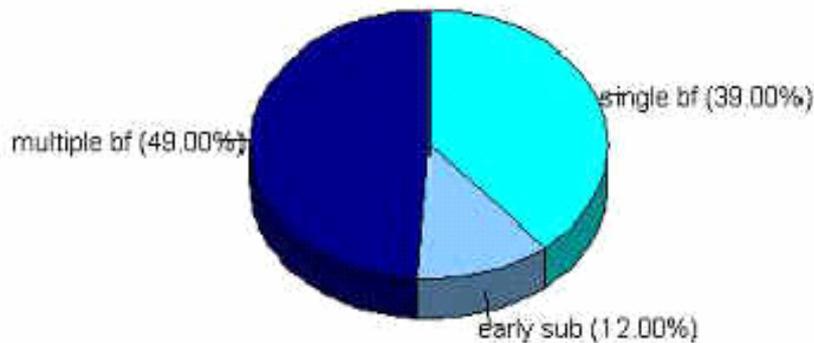
He was away during most of the time I was pregnant and he missed the birth .. I don't think I would have wanted him there anyway .. but he did see the baby afterwards ... he was inside you see.

We went out together on and off for a few years. I never wanted anyone else but I was not that bothered about sex. One boyfriend is enough for me !...”

\* \* \* \* \*

# Relationships

Number of partners



Those of us still thinking in the ‘promiscuity’ mode will be surprised to hear that in fact fifteen years later over a third of the girls (39%) have only ever had one boyfriend. For a further 12% the ‘rescuing’ boy who entered their lives at an early stage during pregnancy or during the first few months of the first baby’s life and became an ‘early replacement father’ (vide infra) was the only other man on the scene .... so a staggering 50% of the girls only had one significant relationship in their lives.

Looking at subdivisions of the sample of young mothers into ones aged 12, 13, 14, 15, 16 at the time of first pregnancy there was no difference in likelihood of making single or multiple relationships between the age groups - Nor was there any difference in average age between the girls who had single, ‘double’ or multiple relationships.

Some of these ‘single relationships’ have brought happiness and stability whereas others have been less fortunate.

\* \* \* \* \*

“We only started living together last year - I know that sounds strange but while the children were younger he wanted his time away from them and I did not really want him under my feet either. My flat was small and we were all living on top of each other. He used to come and stay for a

few days at a time or at weekends when my Mum took the kids - the rest of the time he lived with his sister.

We've been through bad patches .... who doesn't? Bringing up a young family is hard and we have been very short of money. Sometimes I got angry that he was not working and giving me more money for the kids. I suppose he always did what he could, after all he was just a teenager ... but I didn't always think that way ... and I hated him having time to go out with his friends when I was stuck at home with the kids.

Now I think he is a responsible father ... we both work and he encourages me to do my things .. I suppose it took him longer to settle down. I don't expect a lot ..but I think we might possibly be together in our old age!."

\* \* \* \* \*

"I met him when I was at school, he was just a year older than me. He seemed loving and caring and I never had much of a home life so we seemed right for each other. We needed each other then.

I got pregnant right away ... first time we had sex. I know we should have been more careful but I thought ... 'That's not fair! ... Why me? ... surely it can't happen just like that?!

We wanted to do things right so we got married as soon as I had my sixteenth birthday which was just after the baby was born. My family thought it was a big mistake and that I had ruined my life ... but that now I had to go through with it. My aunt had brought me up after my parents died and she expected I would do well to make it worth her while raising me I suppose... His family never really came into it.

I don't think he should ever have married me. It didn't suit him. We were both unhappy and we just stuck together because there was nothing much else ... sad really. We separated lots of times and nearly got divorced .. it seemed to be one of those things I was always going to do but never completely managed. I was depressed a lot of the time and I just couldn't be bothered with him .. I was not particularly interested in finding another man .... God! ...Who would want more problems ... maybe you're better off with the 'devil' you know?

All I was interested in was my daughter. She is my life really. We are just like sisters. I get my companionship from her and I really delight in

watching her grow up ... I pray she won't make the mistakes that I have ... but I think she has more confidence than I did at her age .. and ..... the most important thing is that she has a mother!"

\* \* \* \* \*

Over the years just under one third (30%) of girls eventually married.

Nearly 10% of the girls married the natural father of their children although only half of these marriages were 'shotgun' arrangements performed close to the time of confinement. This statistic partly relates of course, to the fact that many of the girls were not of marriageable age until some time after their babies' births. Whatever the timing many of the marriages were short lived and unhappy. One third divorced.

Twice that number of girls (20%) married a boy who was not the natural father of their first child and one third of these marriages also ended in divorce.

Of these marriages to 'another' one third were to boys who were the 'early substitute' fathers .... these marriages were also prone to the same divorce rate .. even though we have seen that these boys do on the whole prove more stable in the long run than the natural fathers. It certainly seems that they might have been looking for fatherhood, rather than a husband role.

A 'second go' at marriage seemed set up to fail. Three girls married and divorced twice and one married and divorced three times. Perhaps these girls had such a depth of 'need' that they could not be fulfilled by a marriage and that they were falsely looking for marriage as a panacea to cure the ills of their lives.

Before we become too depressed by these statistics though, let us look at the picture from another angle. The corollary to thirty percent of marriages ending in divorce is that two thirds have actually continued. What was different about these relationships?

Most of the marriages to 'other' boys - i.e. not the natural fathers of the first children - have been later marriages. Young mothers have done some maturing and growing up and have got over the most difficult and draining period of child raising. These are more 'adult' relationships

rather than ‘teenage’ loves and are discussed below in the section on multiple partners.

What of the 66% of marriages to natural fathers that survive and flourish through the years? (Representing 7% of the whole sample of relationships).

\* \* \* \* \*

“We always knew we wanted to be together. If you look at it from the legal point of view, you could say we were breaking the law.

...Do you remember how we went on that awful television programme when I was twenty and my oldest was nearly five years old? They were supposed to be discussing the ‘age of consent’ and we all went along thinking this would be a serious programme - there was some guy there from the ‘Howard league’ for legal reform and they wanted to hear from young people who had done OK and who had sex under the age of sixteen.

.... We were all so angry because the producer brought in some ‘bimbo’ dumb blonde who was being photographed naked as a ‘page three girl’ and who had run away to some other country to get married under age to some old bloke?.. A dirty old man if you ask me! You were seething because it made us look like slags too! ... and we all walked off the set! ... I don’t suppose anyone noticed.

...Anyway, to get to the point .. it wasn’t like that for me at all. We were both young, but we were mature I think .. we both knew what we wanted. I had quite decided that I wanted a baby and we wanted to have a child together. There was never any doubt. It was not a mistake.

The problems for us were that when you are young it is not easy to get a place of your own and people sometimes don’t take you seriously. We had to live with my parents for a bit and that was not easy. Things were made worse because my brother had his girlfriend living there too for a while when she was pregnant. .. It was only a small house.

We got our own flat a short while later and then I had our second child. We got married after my sixteenth birthday and he was working and bringing in a little bit of money so we managed to get the place looking decent.

Later we got a better flat with a bit more room so I did some child minding at home. That was OK because I managed to earn some money and could be there for the kids. We have had three now and they are all doing very well at school.

I am proud of my kids ... and I'm proud of my husband for being such a good father and for proving people wrong. Some people are too ready to condemn young parents and say we are all irresponsible ... but give us a chance and it just isn't true!"

\* \* \* \* \*

"I don't know how we survived those first few years. We really cared for each other and wanted to be together but there were so many problems. His family hated me I think... I don't know why .. maybe they thought I had stolen their boy ... anyway they made life hell for me. Particularly his sister, she was poisonous to me and kept trying to persuade him to leave me. We got married as soon as possible . I think partly because of all their complaints and pushing us apart - although we did love each other a lot .. and we needed each other too. My family had split up and Mum went off with someone else and I never saw her again. Dad had emigrated.

The problem was that we had to live with them .. his family I mean ... we didn't have a flat so we could not get away from them. It did his head in too and nearly made us break up.

I wasn't very well either ... I had some miscarriages and kept going to hospital .. and my little boy had bad asthma. The stress affected him badly too. I don't think he will ever get over it. Even now he has to have help.

We are still together and happy with each other even though life has been very hard. We live on our own now with the kids. I wish we could have had more help when we were younger .. then the children would not have suffered so much and neither would we ...."

\* \* \* \* \*

"I think we have been lucky getting together the way we did. We were just right for each other. We both loved kids and wanted to have our own

and look after children. We met when I was at school and he was very young too - just two years older than me .. but he has stuck by me and been a really good Dad and a good husband.

When I first had the children it was difficult. I stayed with my Mum for a bit but he couldn't stay there so we kept moving to my sister's and to his family. Then his Dad got difficult so we went to the council and we were put in this awful bed and breakfast ... we were married by then. It was so bad that his brother took pity on us and let us stay with him. We were there until finally we got our own little council house. That was our best piece of luck ... it is a really nice place and we have been very happy there.

Of course there were tensions when we lived with the family ... but we survived that. It is strange how when you have children . some people look down on you or get annoyed almost as if you are having kids to get at them .. being irresponsible ..bringing children into the world that you won't look after .... We have never been like that. We have always worked as much as we could ... we don't 'sponge on the state' like some people might think. Now that the children are older, I did some training and I've got my own business now too.

We always realised what it meant to have children ... a child's for life isn't it? And they will look after you when you are old ... I hope! We have our own two kids and we have adopted another child too ... it seemed to us that if we had a family where we could care for children and give them a good life, then we owed that to other kids too who may not have been so lucky.”

\* \* \* \* \*

## Multiple Partners.

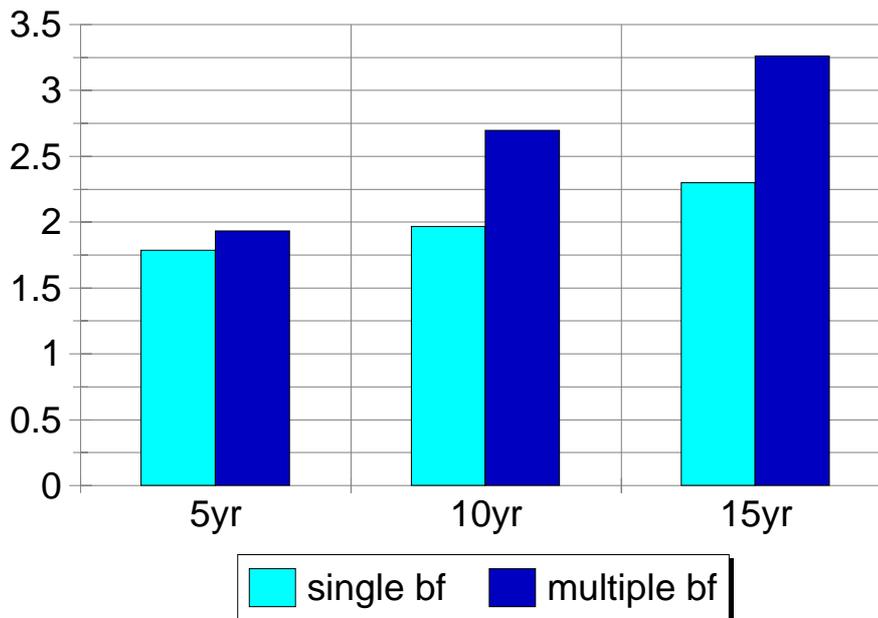
Moira was first pregnant at 13 at which time she was living with her parents and not doing too badly at school. Despite problems with guilt and anger the parents supported Moira through the pregnancy and in continuing care for her child. She managed to attend home tuition and almost got to statutory school leaving age before her second pregnancy - her pattern has been to have one child more or less every three years.

Now on her fifth child and fifth unsupportive man - she is happy with her lot and a good caring mother to her children - regarding men she says - "Well, ... I just can't pick them can I?"

\* \* \* \* \*

This is a common lament - but usually with more sadness and loss behind it - getting up hope that each new relationship will be 'the one' and somehow needing to cement these relationships by 'having a baby for him'. The girls with multiple partners not surprisingly, have a higher pregnancy rate and more children than those with single partners.

Number of Pregnancies.  
Single / Multiple Partners



Being confronted with constantly changing family structures and father figures, we would expect to find a confused and insecure set of parents and children. In practice however it seems that this pattern may not necessarily be as depriving to the children of a girl with multiple partners as one might first imagine.

When a child is discarded emotionally in favour of the new partner and his new children - the first born can feel an intense sense of loss and abandonment - however when this becomes a recurrent pattern - the children can be drawn together by the common bond of all having lost their fathers - and there being no long term man in the home - the role of the stepfather becomes less of a significant influence.

Mothers who 'bounce' in this way from one man to another without breaking down are able to maintain a certain amount of immature playfulness which seems to both keep them sane and allow them to enjoy their offspring - in many ways they enter the role of 'just another fatherless child'.

The happier 'bouncers' have a high level of flexibility which allows them to adapt to these differing domestic arrangements - but a low ability to learn from their experiences - they thus continue to 'repeat' their pattern and there are sufficient numbers of boys / men out there who do not desire a permanent close relationship and are happy to oblige in keeping the wheel turning.

More often however the parade of parenting partners takes a toll - both on the children - in terms of instability, inconstant boundaries and not knowing who to relate to as family members or 'leaders' - who to relate to as role models. Psychologically speaking - who would provide the material to build up their 'inner parent' without this becoming a confusing mishmash of messages from numerous individuals ... put more analytically - 'where would they find their superegos'?

A harsh toll is also exacted on the mothers experiencing recurrent loss and being left 'holding the baby' quite literally over and over again.

\* \* \* \* \*

Paula's first boyfriend was at school with her. She had a traditional stereotyped 'Cinderella' view - a rosy picture of motherhood and 'married' life - of settling down with her Prince Charming and thus

avoiding any other need to 'plan her life'. He did not measure up - he was violent and unsupportive - too immature to remain stuck in the role of father and family man - he was still a boy.

Man number two could have been the one - but he resented looking after someone else's child and was not very nice to her little boy, Liam. Paula left him - but was already pregnant again.

At the four year follow up Paula was living in a desperate condition, an empty flat, no support except that of mother who lived some distance away. Liam was delayed in speech and would only burp at others for communication - the family were traumatised emotionally.

Liam responded well to treatment. One to one attention from a stable adult - speech therapist and nursery teacher. Things went reasonably well for a while and Liam's brother Stephen was born into a happier environment.

A new man came on the scene to fill Paula's loneliness - bringing another pregnancy and this time a stillbirth. Paula continued to gain self fulfilment through motherhood alone - and another child followed helping her deal with the loss of her stillborn girl.

Paula has always been superficially a good mother - caring for her children - needing them and giving them whatever material support she could - she has never been able to separate her needs from her child's and has little capacity for seeing how her child Liam also suffered the loss of father, sister and stability in his early life. He is now a victimised, bullied and marginalised boy who is on the verge of delinquency and vagrancy. He spends time on the streets, time with father and time at 'home' - he has no roots.

\* \* \* \* \*

Most of us experiencing one 'failed' relationship after another would retreat from social contact. Repeated losses and repeated breakage of trusts would lead to a growing inability to form deep trusts and close relationships. Why then do these girls come back for more over and over again like rubber balls bouncing back each time they are thrown against a wall? Why do these 'bouncers' not entirely lose faith in manhood and in the possibility of 'making a family'?

Flexibility keeps the women mentally well while at the same time ensuring that they go on to bounce from one painful situation to another. Their positive attribute of flexibility and ability to adjust to new circumstances also 'enables' their lifestyle to continue on the same path.

Certainly at best this can be considered a variant of normality - but on what basis can we judge? It is not necessarily either good or bad - to structure a 'family' around this almost polygamous pattern. Many girls could be described as being in serial monogamies - but when little is invested and perhaps less expected of each relationship - what is the significance of such relationships - are they a reaching out for the 'man' or are they a means to another pregnancy?. Whatever the significance for the individual, the pattern may nevertheless not be harmful and should not be 'judged' or criticised but looked upon as a survival mechanism.

Often it would appear that it is our cultural norms that are being taken up in an unconventional manner by young girls. The rather rigid stereotype of the family being mother father and children is pursued relentlessly by young pregnant girls who have frequently been denied this traditional nuclear family structure in their childhood. They somehow feel that they would be failing their children if they did not 'provide' them with a father - and sometimes it does appear that society reinforces that view. They thus are inclined to find a man to 'be a father' rather than to have a relationship with and 'be a partner' or, old fashionedly, to 'be a husband'.

In so doing they set themselves up for failure in a number of ways. This man is needed in terms of both being the father to the children in the family and also in terms of replacing the absent father that so many teenage mothers lacked as they were growing up.

\* \* \* \* \*

Teresa had confused memories of her 'father'. She never really knew her natural father and her step father whom she had called 'Dad' had left the family home when she was eight years old to spend a number of years in prison for sexual assault. Teresa had been one of his victims.

She grew up in a large, noisy disordered household with her mother, two older brothers and three younger siblings who had different 'fathers' who spent short periods in the 'family'.

Teresa left home at fourteen to live with an older man whom she kept house for. He beat her but she longed for the stability of a 'father figure' so she stuck with him - until he was arrested for injuring her new-born baby.

When Teresa found herself pregnant a second time, her prime aim was to find a father for her child so that her social worker would realise that she had provided what 'was necessary' for a baby and would not take her child away.

Her altruistic aims led to one disaster after another. She was unable to judge what a 'good father' should be like, had no yardstick or values by which to choose a safe partner. In addition her poor self worth coupled with her experience of sexual abuse led her to use her sexuality in the manner of a seductive child, exposing her vulnerability to a merciless audience. She suffered repeated unstable and abusive relationships.

\* \* \* \* \*

A girl entering a relationship looking for a father or parent - will by definition be entering that relationship as a 'child' and not as a partner or adult. The young woman is often so desperate to fill this 'father shaped' gap in her life that she may exercise poor judgement in her choices. This coupled with her sense of low self esteem means that she is likely to form a relationship with an inadequate man or a boy with problems of his own who she may feel she can rescue or that her love will somehow 'make good'.

At the same time the boy is immediately placed under enormous pressure by being expected to fulfil a role quite beyond the capabilities of the majority of young men. He must cope with an 'instant family', a woman and her children all of whom may be extremely needy and often hurt by their previous relationships and previous experiences of 'fathers'. He too carries his own personal history of hurt and neglect and does not enter the arena in a pristine state - nor does he leave the scene unscathed.

\* \* \* \* \*

Eve brought her new boyfriend in to see me. She proudly showed him off - quite a 'catch' good looking, never in any trouble ... seemed too good to be true.

He was willing to take her on with her little boy who was a sickly child and would need a lot of special care and treatment. He understood about her abusive past and about the three children who had been taken into care.

... Did he? I wondered .... or had he bitten off more than he could chew?

His mother had recently died. He needed to fill his loneliness ....

Would it last? Eve went on to bear his child. Things seemed OK on the surface but the stress got to him at times .....

\* \* \* \* \*

The real casualties in this family structure whereby mother enters new relationships in the role of 'child' looking for a parent, are often the firstborn children who can find themselves taking up the missing 'parental' role in the family without the resources to fulfil the position.

\* \* \* \* \*

Matthew tried very hard to look after his sick mother and two younger sisters. He never thought she could look after herself and constantly worried about the family. When placed in a boarding school for his own protection, he ran away to check up on his 'children' and reported to the police when he thought his mother was being exploited by an abusive man. Matthew says he was only really cared for by his grandmother, but truth is he used to care for her as well .... since her death he as overtly become a full time carer in a scenario where the 'need' is immense...

\* \* \* \* \*

For the girl who engages in multiple relationships hope of finding the right partner gradually fades. As each 'father' enters and subsequently leaves the family - so the scenario worsens and the chances of success and stability deteriorate. For many, a new relationship was entered into hopefully as 'the one' and the process sadly had to be repeated. For some the 'settling' point seemed to be a relationship with an older (much older) and more dominant man who perhaps would keep their feet on the ground, keep at bay all ideas of youthful romance .. and maybe they had 'come home to daddy'?

\* \* \* \* \*

Such seemed the result for Bethan, who unlike many of the young mums did have a father who was very much on the scene - in fact she was in many ways the 'apple of his eye'.

She was deeply ashamed of her first pregnancy ... a seduction at a party by a boy three years older. Contrary to common practice her father had pushed prosecution of the boy on the basis that he should have known Bethan was only fourteen. Perhaps he had been out of line, or perhaps Bethan was a willing partner in her first sexual experience ... whatever the initial truth of the situation ... matters were taken out of her hands and she was not allowed to come to terms with her developing sexuality. Dad's anger and need for revenge was appeased, leaving Bethan feeling guilty and responsible for letting her father down.

She tried to put things right by finding an 'acceptable' boyfriend during her pregnancy and providing a 'substitute father' for her little boy. However was not ready for fatherdom and left her soon after the baby's birth. Bethan handed her son over to her parents and tried again - this time getting married to demonstrate the validity and stability of this relationship. She also became pregnant again and had a daughter who in turn was also passed over to parents when her marriage quickly faltered.

By the time of her third marriage (fifth partner) her self worth was at rock bottom. Her family whom she desperately tried to please, would hardly speak to her. Sister had cut her off and her parents hardly allowed her access to her children.

As she tried to make a go of this latest marriage to an older man, her letters home begged - 'I know I've made mistakes, but please give me a chance! ....'

\* \* \* \* \*

## **Asexual lives. Girls without Boyfriends.**

At the other end of the scale we have the girls who get pregnant once and once only and for whom the experience is not one they would wish to repeat. The lack of repeat pregnancies is not related to good contraceptive use but rather seems to stem from lack of sexual experiences - many of the young women feel let down by society and by the father of their child and do not seek sexual relationships in the future. The sad thing is that some of these girls never actually had a boyfriend EVER. Despite this they are may be for ever branded by society as being promiscuous children and neglectful mothers.

In all 10% of the girls did not ever have a real relationship with a boy after the birth of their first and only child.

Abused girls who were exploited by older men or in an incestuous assault often devote their lives to bringing up their child and do not really 'live again' for themselves after the assault.

The same experience to a lesser extent affects girls who had an unwanted pregnancy, or whose boyfriend abandoned her during her pregnancy - very frequently the girl continues to raise her child alone and never makes the adjustment to having another relationship and fulfilling her own needs for friendship and closeness with another.

\* \* \* \* \*

Cherry lived with her widowed mother who worked long hours safe in the knowledge that her daughter would be 'minded' by her next door neighbour until she came home from work. She was a sober, studious girl who just got on with her homework and studied hard for her school exams. The family were very religious and their only social contacts were members of their church.

Gradually mother noticed that Cherry was becoming depressed and withdrawn, her school work suffered and she looked tired and unwell. A visit to the family doctor revealed a five month pregnancy. The man next door was jailed for child molestation and Cherry was sent to stay with friends until delivery. The priest recommended adoption since the child was conceived in rape (and sin).

When her daughter was born Cherry and her mother could not bear to part with her. They changed to a different sect of their church who encouraged them in their wish to raise the child. Cherry returned home and mother looked after the baby while she completed her studies, first at school and then at college.

Cherry now has a beautiful fifteen year old daughter who is also doing well at school. They still live with grandma. Cherry has a good job and has always worked since she left college. She provides well for her child and does not want her to miss out on anything in life.

\* \* \* \* \*

The same happens to girls whose mother brought up the child after such a traumatic experience - life in future becomes devoted to study and working hard to make something of themselves - happiness meant fulfilment in work - not having fun or having a 'frivolous' level of enjoyment. There seems to be a need to deal with guilt associated with the assault and sexual exploitation in terms of 'leading a good sober life'. The girl subconsciously at least carries the experience with her throughout her adult life and is unable to let go.

The reaction to sexual abuse within the family tends to be complex. It is not the place of this publication to enter in any conclusive manner into the wide ramifications of sexual abuse and incest in the family, nevertheless certain observations are pertinent to the outcomes of pregnancies and on the long terms influences on the girls lifestyles as noted in this study.

Girls who are sexually abused within the family as part of a repeated pattern of sexual assault are dealt severe blows to their self worth and are drawn into further abuses and self harming behaviours such as drug addiction, alcoholism, cutting, placing themselves in 'risky' and dangerous situations and becoming promiscuous and perhaps involved in prostitution. I discussed in "Are you my sister, Mummy?" how these girls seemed to have the worst prognoses for themselves and for their babies.

For some, the reaction to father abusing them seems to be - "OK, if you think I'm a slut .. then I'll act like one" ... and a period of 'angry'

promiscuity follows. Pregnancy can be a solution and salvation in these circumstances - albeit temporary.

It seems that a pregnancy brings a lull in the promiscuity for many girls - on a practical level sex becomes uncomfortable and also can be a 'put off' to the boys who may think they will be saddled with the responsibility.

Emotionally the pregnancy can provide the girl with a focus for her guilt - here is the baby which she will now have to care for - a version of the old adage - you made your bed, you lie on it! She can now channel her feelings of guilt and blame into taking her 'punishment' and can stop punishing herself in other ways. She is also given the 'excuse' not to deliberately 'self' harm - because she has the task of protecting the baby.

The care which she did not allow herself to bestow on her own self, she can now bestow on the child and partially on the 'receptacle' of the baby - her own body - which can be nurtured as such a container even though not in it's own right.

If the sexual abuse does not continue and the girl can maintain her focus on the baby as her 'penance' .... then this girl will become one of the group who devotes her life to her child and does not repeat her pregnancy.

Contrastingly, if the abuse continues or the wounds are too severe, or where the abuse is part of a 'culture' in which the girl is inextricably enmeshed - then the 'pay offs' of one pregnancy cannot protect the young mother from her emotional burden. These are the girls who continue to self harm, to have repeated pregnancies and to expose their children to risk.

\* \* \* \* \*

Ann was brought up in an abusive family. She was sexually abused from a very early age and this included vaginal intercourse at eight. She and her sisters were used in illegal pornographic films and photographs. Her mother put her on the pill when her periods started at ten but this was a short lived exercise and Ann became pregnant at thirteen.

By the age of fourteen, Ann had a child which was looked after by mother, she was 'main-lining' heroin, suffered from repeated sexually transmitted infections and was not surprising

\* \* \* \* \*



## **The Late Relationship - the 'Adult' Relationship.**

The pattern of society, family and development of the individual takes varied forms in different cultures and perhaps the image of 'adolescence' and the teenage years is one of the areas which evokes the most controversy and highlights the differences in perception between differing cultures. In western modern cultures we tend to assume that adolescence is in itself a transition period between childhood and adulthood and that 'teenagers' experiment and 'play' with risk taking behaviours before entering the 'real' adult world. This teenage concept is in fact very new.

Certainly in Britain, presumably a few years after the United States experience, 'teenagers' were born in the fifties. Both before and during the second world war, the majority of children would spend their last day at school in short socks and gym-slips - or short trousers - and would walk into work the following day as adults wearing stockings and skirts - or long trousers and suits. There was no middle ground.

Now for most young people there is a prolonged transition period - which has in many cultures grown longer as physical maturity has crept earlier and emotional and social maturity has been delayed by longer school and study years, later age of marriage etc.

For school age mothers - this adolescent 'transition' period has been lost. They leap from childhood to parenthood and physically become 'adult' overnight. Emotionally however this transition is not so quick and easy. Emotional development can be arrested during the stressful period of early motherhood and emotional 'adulthood' may be delayed to some later threshold event.

In years gone by it was very much the case that when a child entered adulthood there should be some form of ceremonial or rite of passage, something that would transform the child into an adult which would assist in the psychological passage from the role of a child to fully functional member of that society. There are many models used for this transition, often linked to religious or cultural ceremonies - for example in modern times we still have - the Confirmation or first Communion; the Barmitzvah; the 'coming out' parties of the upper class; student graduation ceremonies. The important point is to leave the old life behind and perhaps simulate the process psychologically of death in that former life followed by a 'rebirth'.

Rebirth can occur in adolescence, after periods of trauma and can also been seen in people who undergo therapy of some kind whether with a professional, a self help group or merely finding new dimensions in their lives themselves. We see this born-again idea in alcoholics who enter A.A. giving up their previous lives, and then do this to the extent that they talk of A.A. birthdays, the number of years since sobriety, thus firmly establishing their 'new-born' age.

\* \* \* \* \*

"I invited some friends round at the weekend to celebrate my birthday and when they asked me how old I was - I said 'three'. One of my mates thought I was taking the Mickey and got a bit upset with me ... but I told her ... I believe my life started again when I stopped drinking, stopped 'puffing' (Cannabis) and came off the game (prostitution).

It was something quite sudden for me. My life was going downhill and I did not realise how bad things had become. I lost my kids, I was beaten up by my boyfriend, and then my Dad died.

That was it .. I knew things had to change ... I had to change. I had my last drink at his funeral .. and started my new life.

Now I've got a new baby and I'm going to make a go of things .. I'm going to make a good life for this child. I'm sorry it took so long to sort myself out ... but now I have - that's all that matters."

\* \* \* \* \*

This process can also be served by entering a new sect or religion, we speak of 'born again' Christians - but the process need not involve a religious or exactly spiritual move - it can be a secular, albeit emotionally important move encompassed in doing something differently perhaps changing a job, - certainly entering a new relationship or having a new man or new girlfriend.

Many of our young mothers - girls who had been through traumatic or painful periods in their lives - made a deliberate change of lifestyle and passed through a definite and 'visible' threshold in identifying with their new 'adult' selves.

For some this was a religious gesture or change. Several changed religion or sect and became devoted to service of their new order. Baptismal or 'confirmation' services provided them with a rite of passage. Some saw marriage or a name change as the 'gateway'.

\* \* \* \* \*

"I know I was quite wild when I was younger. My Dad could not cope with me and I didn't get on with him either. I kept running away from home and then he would hit me when I got back .. I was in and out of care .. but I never got on with my foster parents either.

My three children had different fathers - they were all losers I think .. all ended up in prison - burglary - drugs - stupid things really .. but I was stupid to go along with them I suppose. Do you realise that I even went on a job with my first son when he was just six weeks old! We thought people would not be suspicious of a woman with a baby so I hung round the window while Keith was emptying the flat.

They sent me to a home to have my youngest and to learn how to be a mother and a social worker kept coming and telling me how the children were on the risk register and I might have them taken away. I got depressed, I couldn't cope with the whole scene ... I couldn't do anything right and they were always on my back ... They did take them for a while .... I was into drugs and I started drinking a lot. I went into hospital twice and nearly died, they told me the alcohol was destroying my liver. I don't think I believed them the first time .. I was only nineteen! The second time the pain was terrible .... I thought .. this is it! I couldn't lie down and I couldn't sit up either ... they told me it was my pancreas. I started praying in hospital and Dad came to see me ... I told him things would be all right now, if only I could get out of hospital...

As soon as I got out I started drinking again .. not as much as before ... I just about held it together so people didn't notice this time and I managed to get the kids back. I had a flat with my brother and that helped. ... but the drinking and everything else soon crept up on me ...some people learn the hard way, don't they!

I landed back in hospital again ... this time they told me it was a miracle that I got out of there at all. .... They said they had never seen someone with such a serious attack of pancreas trouble survive ..... again! I am sure

that if my brother had not been staying in the flat, I would have lost the children for good.

Now I just can't believe how my life has changed. I look just like all the other mothers down at my boy's school ... they don't know what I've been through. Since I met Luke my life is so much better. He showed me how good things could be and I think being a respectable married woman suits me! I can be proud now taking the new baby to Safeway in my car or collecting my oldest from his football practice. I'm a new woman now."

\* \* \* \* \*

Whatever the pathway to the 'new identity' and whatever decisions are made to enter a new life .. Having a new baby can also cement this decision. How many families do we know where there is a late addition to the family after the parents have undergone the new birth experience? As in the example above, there is often an 'A.A. baby' after sobriety - and couples who get together again after a rift will often cement this with another child.

It is not totally unexpected that girls who go through a process of achieving a new identity, of feeling reborn, maybe entering adulthood at a later age, will at that stage have a late addition to their family; an 'adult' baby as opposed to their previous 'teen' baby.

This seems to be the mechanism behind the group of 'late repeaters' in terms of pregnancies. These young mothers may have struggled for a number of years to raise their first child and have been subject to the emotional stresses described above for the girls who had just a single pregnancy. However as a result of their 'new birth' experience they are able to shed some of their emotional burden and enter a new 'adult' stage of their development and at the same time enter a new second stage of motherhood.

\* \* \* \* \*

"I find it very difficult to talk about it, but let's say my father did not behave quite as a father should have done with his teenage daughter. I ended up just not speaking to him for years, even though we lived in the same house. It made life very difficult between me and my Mum too - although she did help me out.

I don't think anyone realised who the father of my child was ... but when she was old enough to understand, I told her. I thought she should know. At the moment she is finding it very hard, she can't really understand, she can't deal with it. It hurts me so much seeing her being destroyed by the knowledge I gave her ... but I think she would have found out anyway and it would have been worse if I had lied to her. She is getting help but it will take time - after all it took me years to come to terms with what had happened to me.

I never really had a boyfriend until just lately. We have got our own home and we are happy there. I was working until I had my new baby and she is now six months old. I feel like I have had a second chance with her - I love both my daughters but I've grown up now."

\* \* \* \* \*

Not all 'late repeaters' entered this 'adult phase' of their lives with a new man on their arm. For some it was the same boy who fathered their late addition to the family - both having grown up together and entered an adult relationship hand in hand.

\* \* \* \* \*

"I think we are much closer having grown up together. We were both very immature - children really - and I did need a lot of help from my Mum when Carl was born ... she was very possessive at first ... I think she regarded him as her own baby. You see my little brother had died just a couple of years before and she had never got over it .. I think Carl helped her to come to terms with that somehow ... like he was a substitute . I didn't mind really ... I suppose in a way it was the same for me.

It suited me to have Mum so close while I was finishing off at school and going to college and finding a job ... but then one day I woke up and thought ... just a minute .. this is *my* child ... not my mum's! He's my *son* ... not my brother! I don't suppose he ever really thought that, but it did worry me.

Then I did make a move to getting my own pe are older, we are very good friends and we understand each other really well. Carl is fifteen now and he is a lovely boy. He supports his Mum too now! I am just about to have my second baby. I think the time is right now, if I had one earlier I would

have not been able to give Carl so much attention and I would not have got on so well in my work. I've got a good job with responsibility and I enjoy my career .... and my home life”.

\* \* \* \* \*



## Baby Fathers

Regarding the boyfriends of our young mothers, it was noted in “Are you my sister, Mummy?” that the boyfriends tended to be of similar background and characteristics to the girls - in other words, they had experiences of dropping out of school, were not often in employment, had similar family histories of school age pregnancies with regard to their mothers and sisters and in many ways had the same needs to become fathers as their girlfriends did to become mothers.

\* \* \* \* \*

Take Terry ...

He so wanted to be a Dad. ... He had been just fifteen when his wish came true for the first time ... he was so pleased that he hardly dared to touch those tiny little hands reaching out for his ....

To see him playing with his children was a joy ... his little girls climbed all over him at access visits and the baby squealed with delight as he playfully bounced him up in the air. On visits to the park all had the same treats and ice creams which Terry tried to valiantly to keep off their clean dresses and gently wiped off their faces with a soft tissue so they would not get sore.

He was brought up ‘tough’ and never had much of a relationship with his own father whose main communication was the end of his belt. His inner rage about his childhood came to the fore at times in arguments with his girlfriend and it was in one of these violent arguments that his older children were thought to be ‘at risk’ and were removed from his care.

Still, he continued to want to be a father, and he knew he could be a good one .... he could not understand how anyone could ever believe him capable of hurting a child .. it was incomprehensible that whenever he ‘fought’ to get things right .. people thought he was doing wrong. ..

Eventually he realised that it was ‘the fight’ that was the problem .. he stopped fighting off the ‘bad parents’ around him, allowed himself to be helped and happily and playfully resumed his position of doting father. ... a job his four children know he does very well .....

\* \* \* \* \*

Little has been written regarding young fathers and they are still a somewhat under-researched group partly because they have been in the past stigmatised and scapegoated particularly in the early stages of pregnancy. They have not generally been encouraged either by society or the girls families, to maintain contact with the girl and the baby although in many cases their continued presence during the pregnancy would have been an added support and source of stability in the life of the mother.

Despite all the negative connotations and difficulties maintaining the support of their children a reasonably high number of the boys who were the natural fathers of the schoolgirls' first born children were still in contact with their offspring at the age of two years. (45%). It was very clear however that past this stage a number of 'baby-fathers' dropped out of the children's lives with the result that by the time the children were in their teens themselves only 20% of fathers were still in touch with their children.

The reason for this drop off is due to a number of causes. There are factors within the relationship stemming from the girl, which is discussed in the section on 'relationships', and reasons resulting from the makeup of the boy and his circumstances. It must be remembered that at the time of becoming fathers these boys were very young and although slightly older on average than their partners they were nevertheless immature and most were not ready for the role of fatherhood.

Most people would agree that schoolboys are emotionally less mature than schoolgirls of the same age, hence the age factor very much reflected against young fathers. There were also problems with regard to their being unable to be financially supportive of their children, and since the majority if not all were unemployed at the time of birth this was a detrimental factor.

The norms of society are such that it is relatively easy for an immature boy to drop out of his child's life and to later assume a relationship with a new partner, leaving the mother to care for her child. Although not ideal this is not something which is generally frowned upon and indeed scarcely a matter limited to very young fathers.

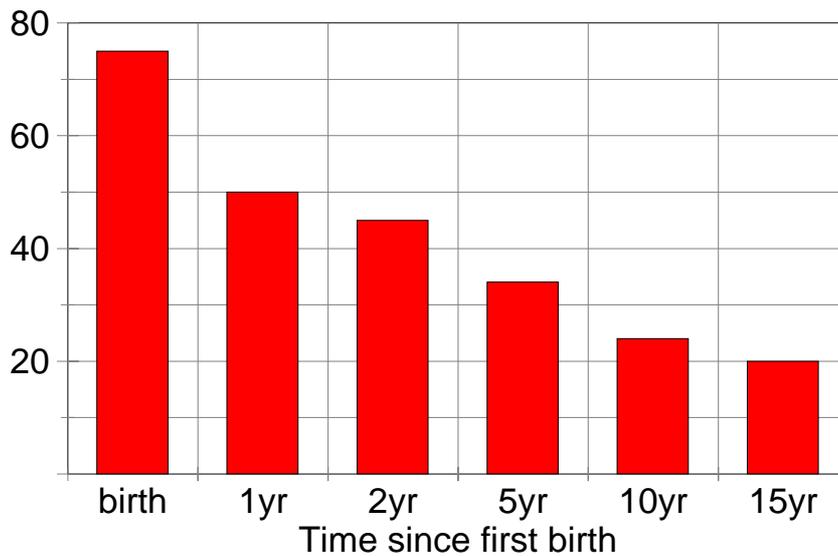
The young mother is met by a different set of circumstances. Even though she may be as immature as her boyfriend at the time of the birth of her

first child, she will be more likely to maintain contact with her child. If adequately supported and given constructive guidance during this period, she may be able to care for her child herself. On the other hand, it may be that her own mother might assume a greater proportion of child care during the early years so that she may grow up in parallel with her child. In both cases the results will be that mother and child will remain together and form part of the family as the girl goes on to have further children.

Over the years other men may join this group and thus supplant the original father. It is therefore obvious that there will be more young families with a natural mother and no father or natural mother and father substitute than there will be with natural fathers. This is a picture which was evident also in the families of origin of the teen mothers in 65% of which there was no father living in the household. The situation in the family of origin of the teen fathers was no different.

### Baby Fathers

Percent still in touch



The graph shows the gradual decrease in the numbers of baby fathers still in touch with their children. However, this fall off slows down as the years pass and it is possible that the 20% still in touch at 15 years will remain a relatively stable figure.

The biggest drop off is in the first year. At the time of the baby's birth a quarter (25%) of their natural fathers had already departed the scene and by the time the child was one year old this had risen to half (50%). From then on the drop off is slower with each follow up, losing only 5% between 1 and 2 years, 10% between 2 and 5 years and another 10% between 5 and 10 years. By 10 years of age only a quarter (25%) of the children are still in touch with their natural fathers.

The drop off during the first year of life belies the true position since the boys who drop off so early on in their child's life have established no real bond either with them or with their girlfriends. A proportion of these will be the abusers, one night stands, boys who never intended to form a relationship. Their continuous presence in the life of their offspring would more likely have been detrimental than providing any positive input into the situation. So far as the children are concerned, they would hardly have known that these boys existed let alone that they were their fathers.

\* \* \* \* \*

Margaret's boyfriend dropped her as soon as she told him she was pregnant. Fortunately her mother was supportive and helped her through her pregnancy. After the birth - the child's father decided he wanted access to his child and caused a great deal of acrimony. It transpired that it was the paternal grandmother who really wanted access - not Dad! Fortunately the problem was solved by his getting another girl pregnant so that grandma pursued another grandchild ....

\* \* \* \* \*

Tanya got pregnant at a party and never even knew the boy's name. She started a steady relationship before she realised she was pregnant and he did stick with her for the next five years even when she did tell him that she was carrying someone else's child.

\* \* \* \* \*

Frequently when early drop out occurs at this stage a second boy will have already come on the scene as substitute father. A significant proportion of the substitute dads are wholly committed and stayed in touch with the young families on a very long term basis.

Overall, approximately 12% of the girls formed a second relationship very early on replacing the boys with boys similar to the babies fathers and their presence dropped off at a slower rate between the 2 and 15 year stage. In fact at 15 years 60% of these 'early substitutes' were still with their partners and their children (in contrast to the 'natural father' rate of 20%).

It would seem that these young men have an overwhelming need to be 'fathers' and thus accept the responsibility of taking on a ready made family in terms of a pregnant girl or girl with a young baby. It is really quite surprising that they manage to accept this role on such a long term and stable basis and that these surrogate fathers prove much more stable than the natural fathers.

\* \* \* \* \*

Mark met pregnant Nicola at a friends house. He felt sorry for her at first because she looked so tired and pale. She was scared to go home because her mother had been drinking heavily but she needed to keep an eye on the younger children. Mark saw her home and next day took her back to his mother's for a square meal.

He soon found himself in the role of protector to both Nicola and her two little sisters and when it became time for Nicola's parentcraft classes it seemed only natural that he should accompany her there too.

This stood him in good stead when she went into labour unexpectedly early and gave birth by candlelight. Mum had, of course spent the electricity money on drink.

As the years went by they got their own flat, had more children and fifteen years on they are still happily together with four children.

\* \* \* \* \*

It is not always so rosy. Sometimes boys will want to father their own children and will reject the first child. Their 'new' baby becomes the 'cuckoo' in the nest.

\* \* \* \* \*

Georgr, they are still together ... and David, a caring but lost and grossly deprived boy, never sees his parents.

\* \* \* \* \*



## **The Influence of the Care System.**

### **General Features -**

The sample of girls followed up over a 15 year period numbered 174. This sub divides into 123 girls who had not been part of the care system and 51 girls who had been in care. In addition to this we have some figures on some of the schoolgirl mothers who have been through Youth Support House.

It would be useful to look at a few of the parameters of social history with regard to the girls. Their full demographic and social features are described in the book "Are you my sister, Mummy?". It is not intended to duplicate that work here but some basic background should be reiterated to place in context the difficulties faced by the next generation.

Of the group who were not in care 20% were disruptive at school; 10% were involved in some sort of criminal activity, 11% abused and 5% subjected to sexual abuse.

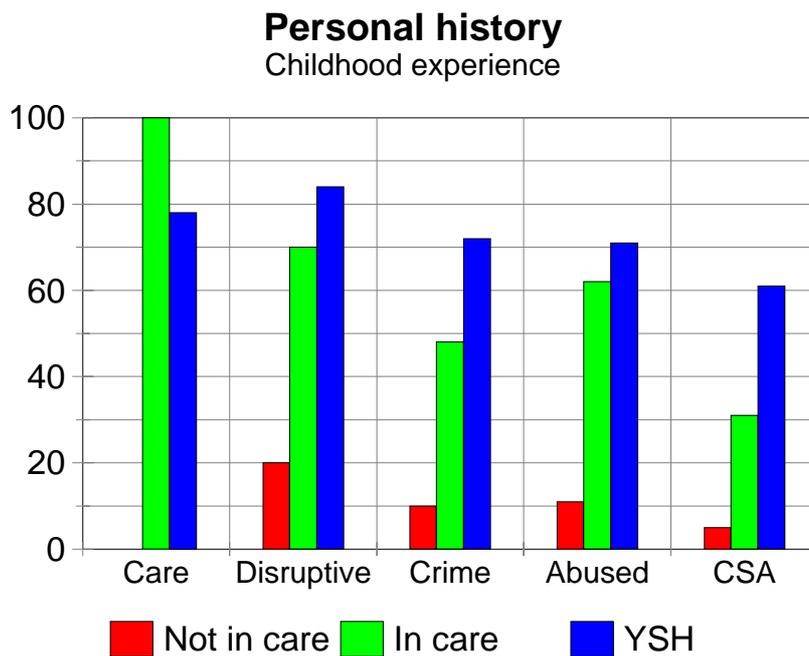
Of the care group, 70% were disruptive, just under 50% involved in criminal activities, 62% abused and 31% victims of child sexual abuse.

The Youth Support House group obviously by selection have a more disturbed background and had been involved in more pathology. 78% of this group were in care, 84% being disruptive, 72% involved in crime, 71% abused and 61% victims of child sexual abuse.

Being in care profoundly affects the personalities of young mothers and fathers. When the young girls who had been in care were separated as a group from girls who were not in care many differences emerged.

Many of the differences found in the analysis of data from the two groups related to the degree of deprivation experienced by the girls who had been in care. It was thus considered useful to add information on the third, more extreme group, in order to emphasis some of the trends. The third group was the group of young women who were referred at some point to Youth Support House. (YSH group in legends).

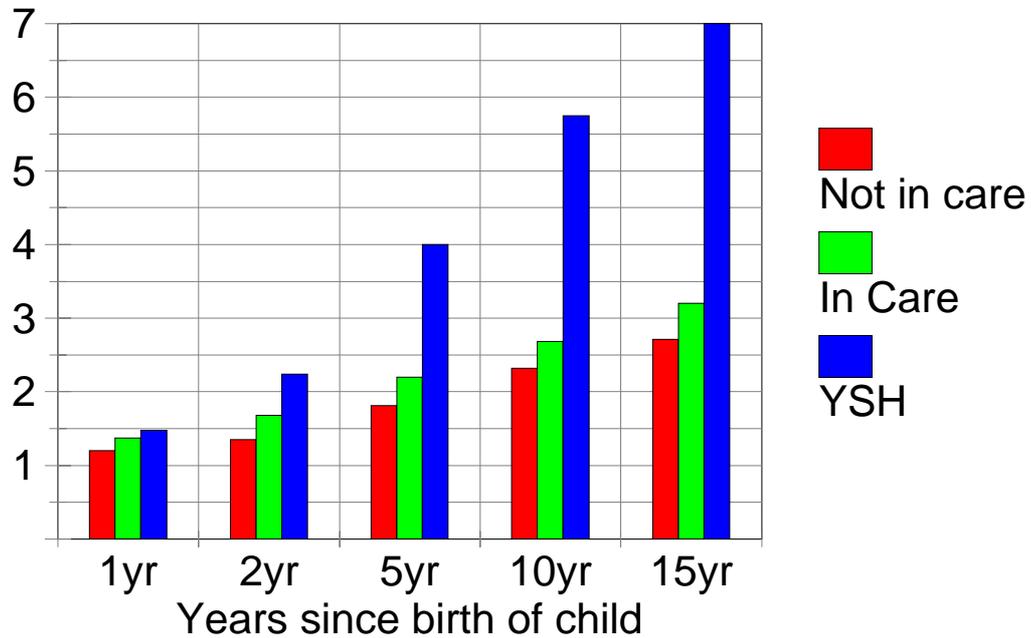
This group consisted of girls who had severely deprived childhoods and had experienced multiple problems including being in care, being abused and being disordered in a number of ways. It must be emphasised that they are an extreme group and their information is included for comparison only. Their data is not included in the general statistical analysis of the longitudinal study population.



### Fertility and Repeat Pregnancies -

Girls in care tended to have more pregnancies over the years than those not in care. Considering the group that were significantly deprived and placed at Youth Support House, the pregnancy rate there is much higher and while this is not exactly comparable due to the different populations and smaller samples, it does illustrate the point that girls from more difficult circumstances may have a greater need to repeat their pregnancies.

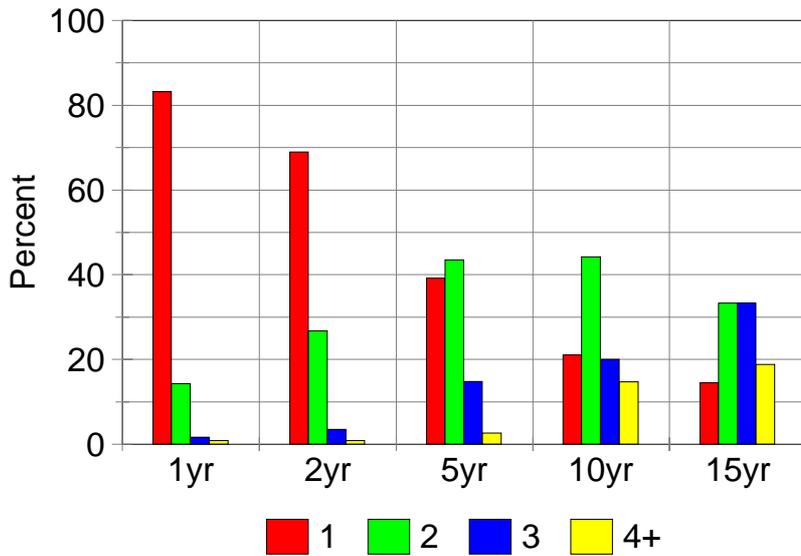
## Number of Pregnancies Three subgroups



The difference in pregnancy rates between the care and not in care subgroups increases with time. At the 2 years; 5 years and 10 year survey point there is an average difference of 0.4 pregnancies between the two groups rising to an average of 0.5 more pregnancies in the care group at 15 years. This pattern coincides with the fact that more of the 'care' group fall into the pattern of 'constant repeaters'.

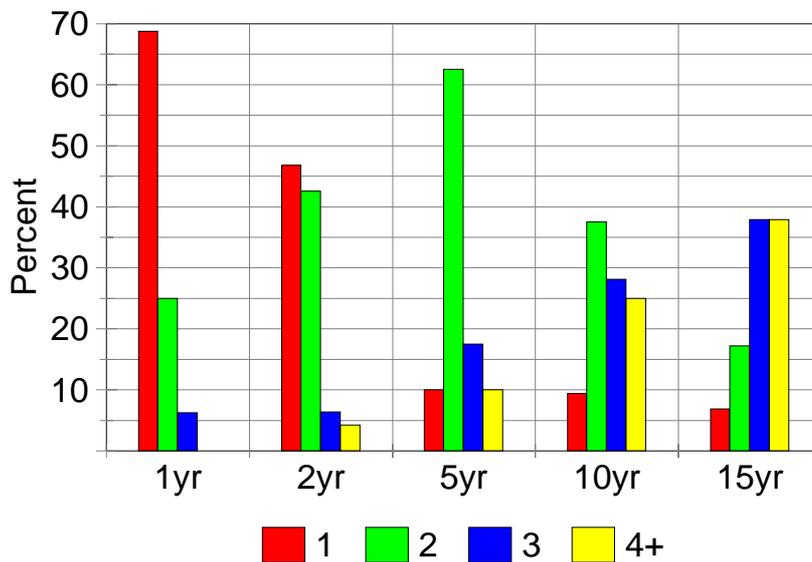
### Number of Pregnancies

Group Not in Care



### Number of pregnancies

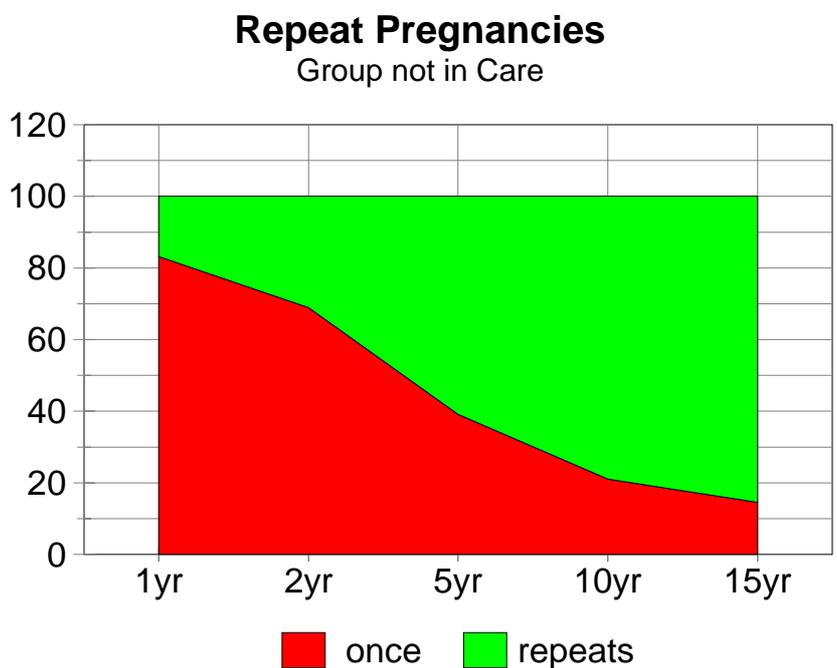
Group in Care



Without wishing to get too bogged down in statistics - those readers who are so minded are directed to the following graphs. For the rest of us - suffice it to say that girls who have been in care have more children, at a higher rate, for a longer period of time than those who were not in care.

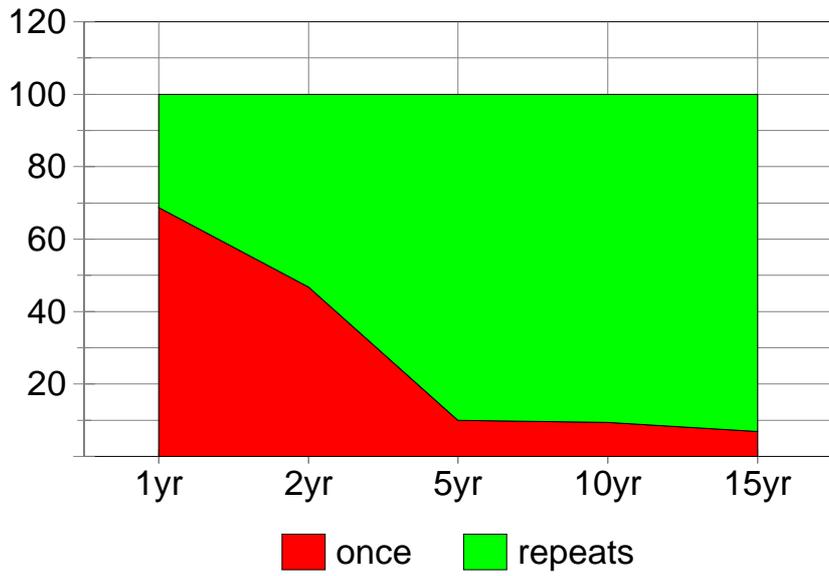
Comparing the graphs on the number of pregnancies over the years in the care group and the non care group, it can be seen that the number of girls pregnant only once fall off fairly linearly for the group not in care and the number of girls pregnant twice follows the 'normal distribution' curve peaking between 5 to 10 years.

For the care group, in contrast, the repeat pregnancy curves are shifted earlier to the left with the peak of two pregnancies being at the 5 year level. The area graphs illustrate this point even better.



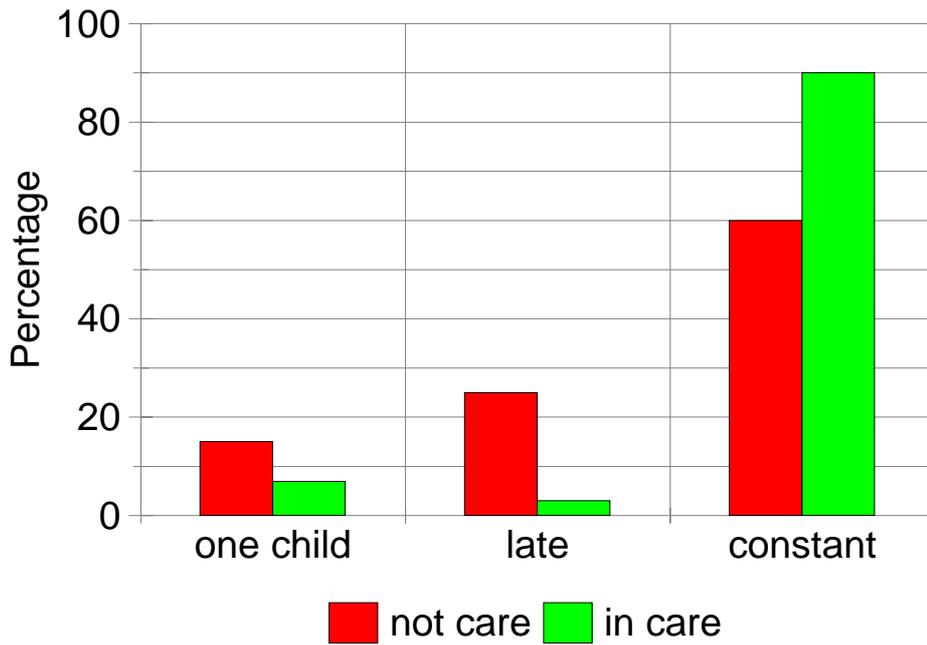
## Repeat Pregnancies

Care Group

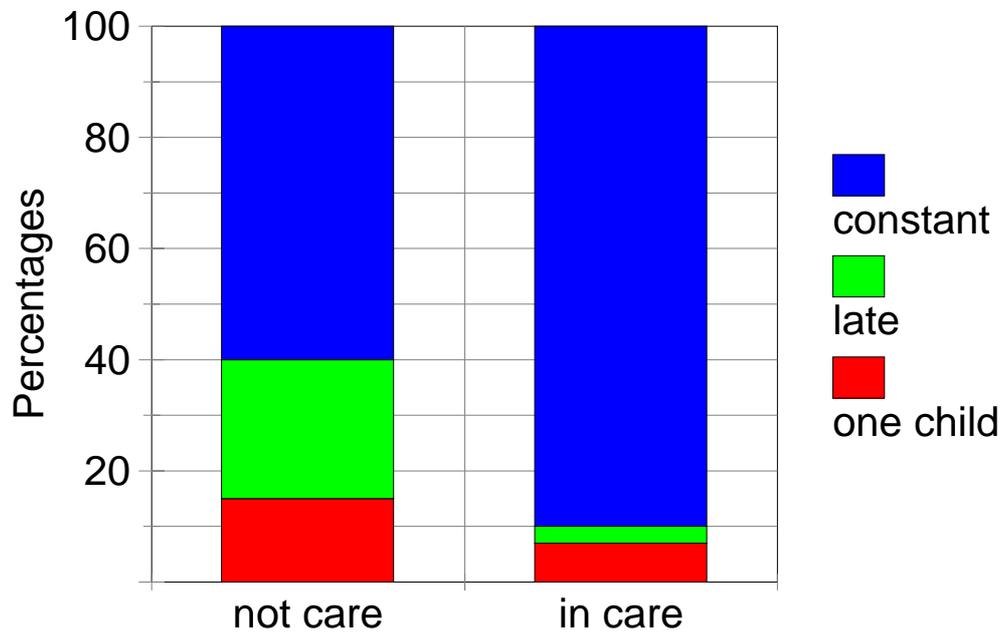


## Patterns of Childbearing

Late/constant repeats



## Pattern of Childbearing Late/constant repeats



Looking at the patterns described earlier of girls who have just one child, girls who have a late addition and were thus described as late repeaters and those who are constant repeaters, the pattern is also very different between care group and non care group.

In the entire sample 12% of girls had only one child, 20% were late repeaters and 68% constant repeaters. Dividing the sample into its two subgroups - of the group not in care, 15% had only one child, 25% were late repeaters and 60% constant repeaters whereas in the care group by stark contrast only 7% had just one child, and only 3% had a 'late repeat' at 10 or 15 years and 90% were constant repeaters.

### Child Mortality and Child Protection

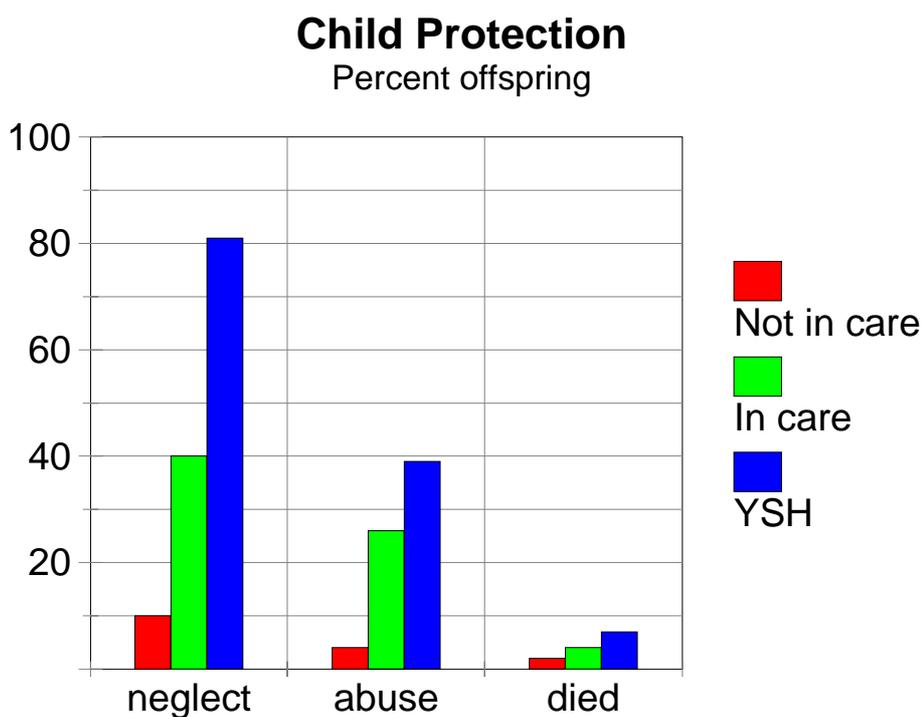
Matters concerning neonatal and perinatal mortality and morbidity during the first two years of life, including issues of child abuse have been dealt with in "Are you my sister, Mummy". Some additional features came to light on looking at the wider time scale.

The three groups have differed with regard to problems they have had in regard to parenting and problems experienced by their children. With regard to child protection issues, if one divides the factors into neglect, actual abuse and losing a child by death -

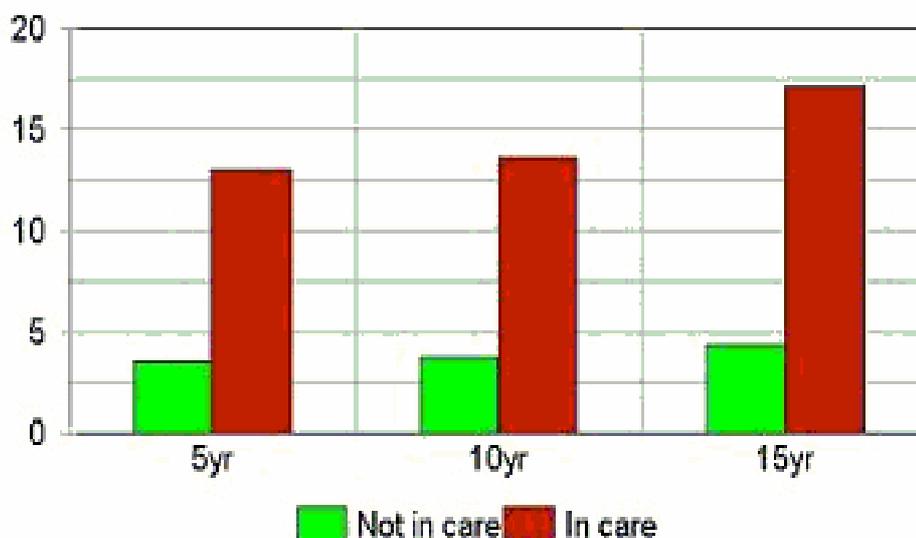
The group who were not in care had a 10% rate of neglect of their children which was enough to have warranted the intervention of social services although most of these children were being observed. 4% of the children suffered actual abuse, none were sexually abused. Two children died but these were stillbirths.

With regard to the care group, 40% of the children were neglected, 26% abused, one of which was definitely sexual abuse, and there was a 4% death rate all of which were cot deaths.

There is even starker contrast in the Youth Support group which as mentioned previously is a very specific group. Neglect of children was 81%, abuse 39%, approximately 10% sexually abused although this figure is uncertain. 7% of deaths were related to non accidental injury. There is a different pattern both in quality and quantity of child protection issues between the three groups.



## Offspring in care



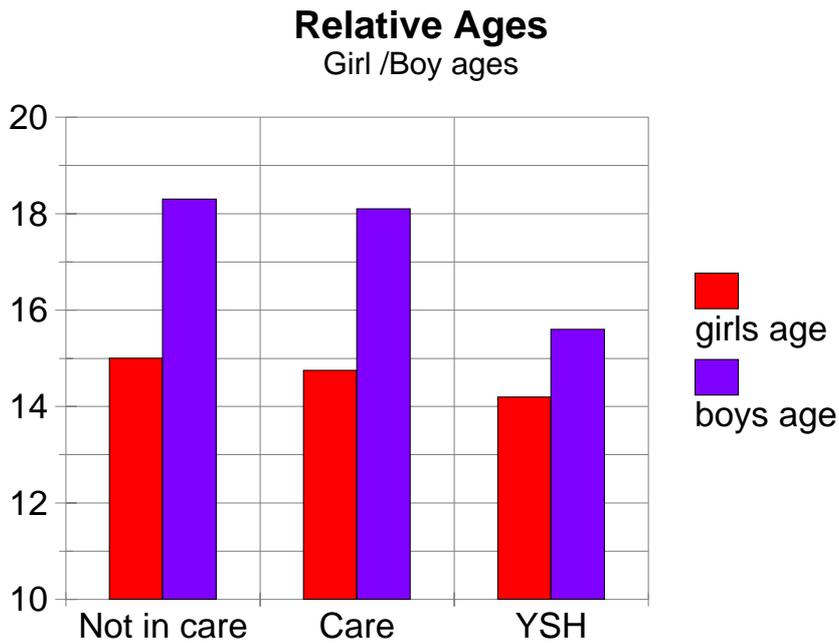
### Relationships -

So are there differences in the patterns of relationships for girls who have been raised in the care system?

The relative ages of boyfriends and the girls was different in the groups, those in care, vs. not in care - the girls in the care group were slightly younger on average than those who were not in care. The care group averaged 14.75 years, the non care group 15 years at conception. The boys were 18.3 years in the non care group and 18.1 years in the care group. When one looks at the more deprived Youth Support House group the girls and boys are both a fair bit younger - the girls being 14.2 years and the boys 15.6 years.

To some extent this probably relates to the fact that the girls in care are more likely to form relationships with boys who are similarly in care or in the same boarding schools.

Looking at the girls who became pregnant as a result of sexual abuse, the average age of the abusers was around 36 years and this did not differ in any sub-group.



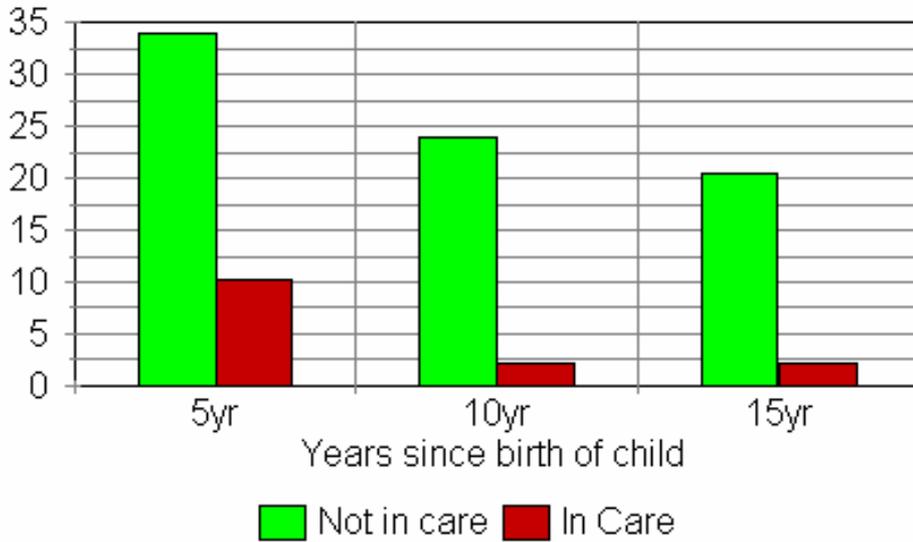
With regard to boyfriends and the number of baby fathers still in touch there were also marked differences in the groups. Girls who had been in care were much more likely to make short term relationships than their ‘sisters’ who had not.

At the 5 year level 34% of the baby fathers of the girls who had not been in care were still in touch, while only 10% of the care group’s were. These figures reduced to 20% and 2% by 15 years.

So if you had not been in care you had ten times the chance of establishing a stable relationship with your boyfriend or, conversely, of having met the sort of boy who was able to make a stable relationship with you.

# Baby Fathers

## Percent still in touch

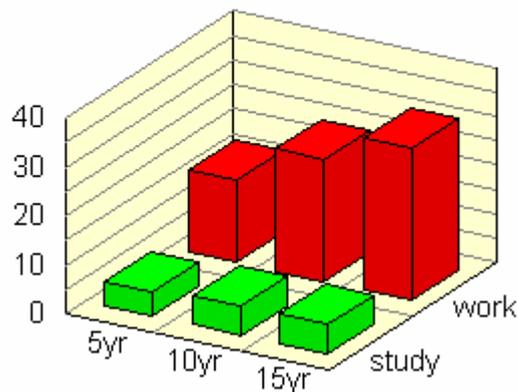


## Training and Employment.

Generally speaking young mothers had great difficulty in obtaining work particularly during the early years. During the first years of the survey they tried hard to obtain work but were hindered by lack of day care for the children. One would expect that as the children get older and go to school more mothers would be able to work at least on a part time basis. Nevertheless we see that the girls do continue to have children at a frequent rate and therefore the problem of day care continues.

# Training and Employment

Percent of whole sample



\* \* \* \* \*

“I don’t know where people get this idea about young mums sponging on the state. ... It makes me wild when I hear that.

I’ve worked all the time. Even when I was pregnant I carried on with my study. It was ‘home tuition’ for a while but I did keep it up and I did my exams. ... I dare say it was a mistake to have a baby so young but I made up for it afterwards. ... I think I probably worked harder than most girls my age.

I was lucky my mother helped with the baby but I did a training course as soon as I finished school and started working as soon as I could. Apart from maternity leave when I had my second baby, I have worked every day. No holidays .. no time off on the ‘dole’.

It has meant that my children have lived with their grandmother all the time . There has to be someone there for them when they come home from school and if I didn’t work full time there would not be enough money to raise them.

What kind of a world is it when a young Mum can’t have time off work to raise her own children?”

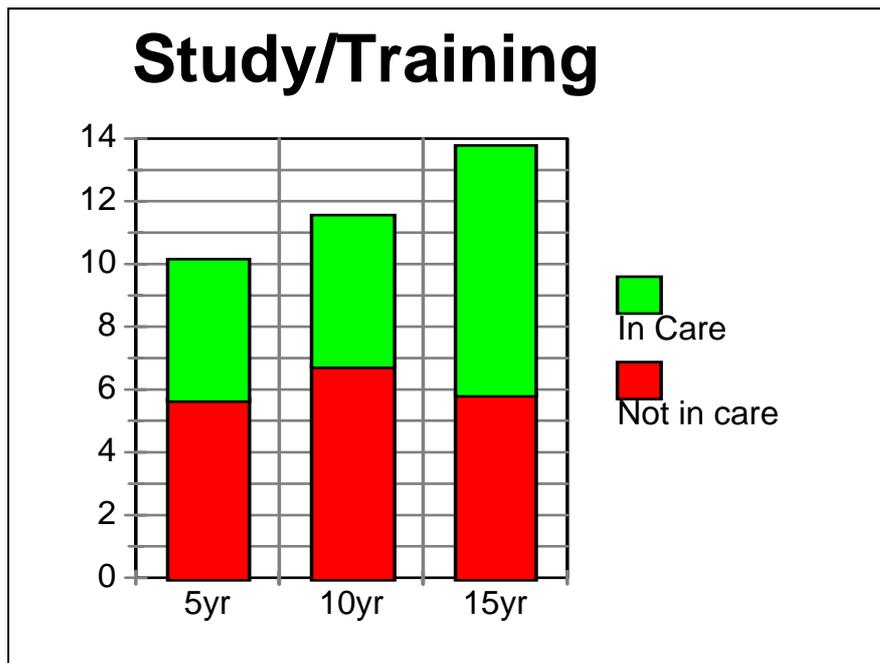
\* \* \* \* \*

During the first two years after the birth of their first child 14% of the young mums were having some form of education. The boost that they had from individual tuition helped them on the path to some educational aspirations and they did attempt to enter training courses at colleges of further education.

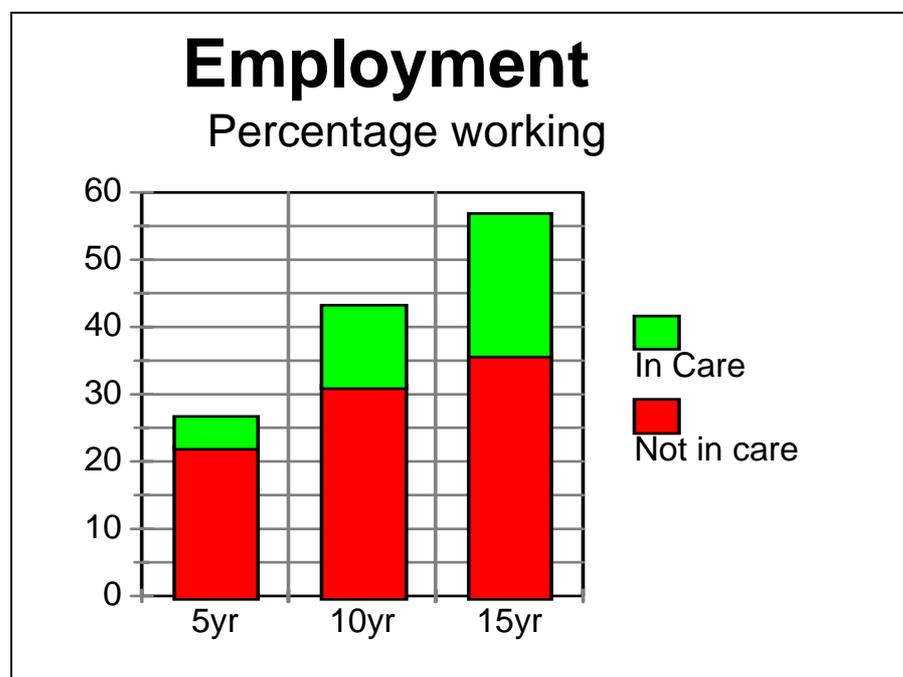
In general at the 5 year level only 5% of girls were studying or on some training course, and this increased slightly to 6% at 10 years and 6% at 15 years.

So far as employment was concerned 17% were employed at 5 years and 25% at ten years, 31% at 15 years. The actual individuals changed slightly during this period relating to their day care experiences.

Dividing the group into girls having been care and those not having been in care again there is a marked difference. For instance, with regard to studying and training. Of the 'not in care' group 6% were in some kind of training at the 5 year level as opposed to 4% in the care group, 7% at 10 years as opposed to 5% in the care group and 6% at 15 years at which time the care group caught up at 8%. Obviously when one gets down to such small percentages the figures become less important since a change of one or two girls going on a course is crucial to the percentages.



The same pattern is seen with regard to employment - of the girls not in care 22% were in employment at 5 years in contrast to 5% of the care group, 31% at 10 years in contrast to 12% of the care group and 36% at 15 years in contrast to 21% of the care group.



What this really shows is that girls are delayed in entering training and study and the work place due to the burden of childbearing and child care so that the group with fewer children on average have entered training by year ten whereas the 'care' group who have more children may still be seeking training at year 15.

Perhaps the most important thing to realise is that some of these young mums - albeit in small numbers - *can* still motivated sufficiently to enter training in their late twenties and early thirties when their first born children are teenagers. In terms of resources - it is important to ensure that organisers of training courses are able to see the value of including these 'late starters' or mature students and similarly that employers consider the value of hiring young parents.

The types of studying courses embarked upon have been extremely varied - there are two girls who have taken up legal training and almost qualified as members of the legal profession; five are well on the way to qualifying as social workers, and others are in professional training. In

addition a number of girls are running their own businesses and holding down management positions.

The 'girls' are running pubs, launderettes, amusement arcades, shops and restaurants. We also have hospital clerks, general practice receptionists, secretaries, nursery nurses, officers in charge of nurseries and nursing auxiliaries. The telephones at a number of health centres and police stations are answered by our young mums - not to mention a mini cab exchange and school reception.

\* \* \* \* \*

Kelly was thought of as a bit of a no hoper at school and her teachers were not surprised when she dropped out of school and became a teenage Mum.

When she was offered tuition during her pregnancy Kelly responded surprisingly well to the first piece of one to one attention she had ever received.

“People seemed genuinely interested in what I did and how I managed. I felt less of a nobody and I realised that maybe it mattered .. or rather that I mattered. ... I got a lot of strength from the help people gave me and I did study and learn to read. It was very hard at first to cope with the baby and losing my boyfriend but now I can stand on my own two feet. I am running my own fish and chip shop and I can support myself and my son.”

\* \* \* \* \*

“When I was at school, I wanted to be a dancer. I was actually very good at it but after I got pregnant I thought - this will be the end - nobody will give a chance to a dancer with a baby. ... But my Mum helped and I did finish my studies. I was lucky that by working hard I got a scholarship to dance school. Unfortunately there were problems, people tried to take advantage of me .. a dancer's life is hard and insecure.

So I started studying again. This time it is a professional qualification. In a few weeks time I will finish my training as a social worker. Maybe then I can make a difference?”

\* \* \* \* \*

To date all the high achievers are in the 'not in care' group. This does once more tend to condemn the care system since the girls who have been through such a system find it so hard to break free of this cycle of 'negativity' and poor outcomes.

\* \* \* \* \*

## Housing

One of the major problems experienced by girls in the original survey was the difficulty in obtaining housing on their own. They often had to stay with their families longer than they intended, had to move around frequently living with their boyfriend's family or squatting. Once on the housing list they were told they had to wait longer because they were too young; they were given temporary accommodation and sub-standard housing on unpopular estates.

One of the main problems we had to deal with in the continuing support and care throughout the 15 years of the survey has been housing problems among the girls and despite the commonly held idea that girls could get pregnant in order to obtain housing we have had several girls who had to wait ten years for their own accommodation.

Meanwhile they had to struggle to bring up their children in bad conditions subject to overcrowding, damp and the sort of family stress which occurs when parents, children, aunts and uncles try to live under one roof. This kind of living has taken its toll on some young mothers who had bouts of depression and felt alienated from their children as a result.

\* \* \* \* \*

"I don't really think it is too much to ask .... all I want is a decent home to bring up my children. They waited so long for a proper home ... we were in a mother and baby home, then we were supposed to be in a bread and breakfast .. but I couldn't do that to them .. those places are awful! So we squatted in an empty flat on the estate for two years.

It was a bit of a dump but my boyfriend helped me get it cleaned up. Do you know what it's like not knowing if the council will catch up with you from one day to the next and going to bed not knowing if you'll have a roof over your head in the morning?

In the end the council let me take it over officially and I got the lease ... then you could say I had security .. but it meant I had to pay rent on the dump and it took the council another three years to move me to

somewhere big enough for us. My son was nearly nine before he had a home!”

\* \* \* \* \*

“I feel very angry at times because I have lost out on my children’s lives with all my housing problems. I lived with my parents for so long that I never really felt I had made my own family home.

For years I was given terrible damp temporary flats ... my children would not live there ... they wanted to be with their grandparents ... it was natural ... I don’t blame them, I would have felt the same if I was a child. Why move from a warm nice home to a cold damp slum?

It was only last year that I got my flat .... yes my daughter is fifteen years old and for the first time she can come home .... They would not admit it, of course, but by not housing my family, the council deprived me of my daughter!”

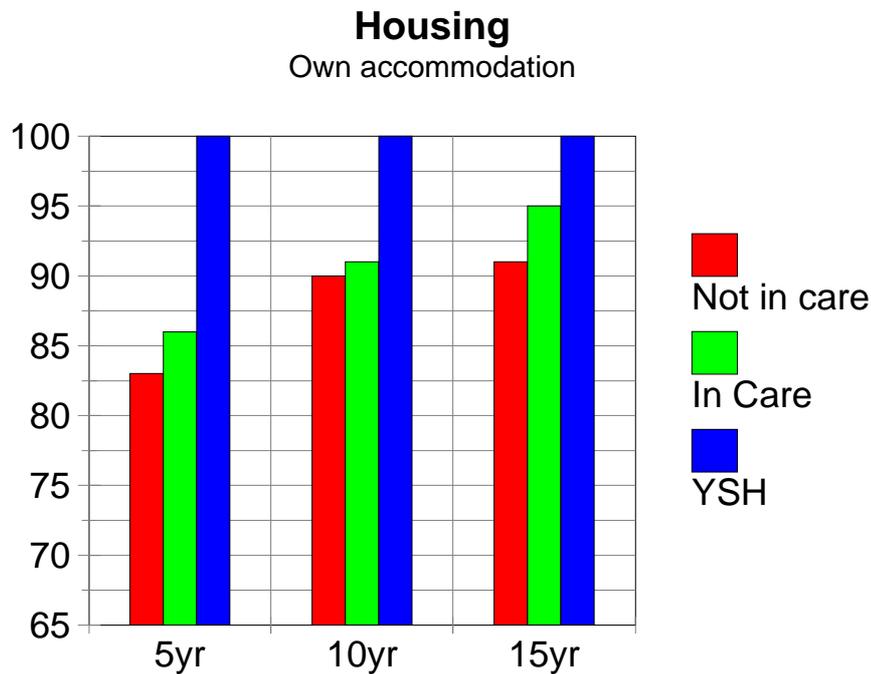
\* \* \* \* \*

This is however one aspect where having been within the care system does seem to have had a positive effect in that the girls who have been in care seemed at least to get help with housing from their social workers.

Of girls who have not been in care 83% are in their own homes by 5 year follow up, 90% by 10 and 15 year follow up. This may seem at first sight to be a high figure but looking at it conversely - 20% were still not in their own homes at 5 years and 10% in a similar position at the follow up stages.

Looking at the ‘care group’, 86% had their own homes at 5 years, 91% at 10 years and 95% at 15 years so they did fare better. Nevertheless it is salient to remember that these girls who had been in care do not have the ‘cushion’ of a family when they move into the community - hence it is something of a disgrace that at their children’s fifth birthday 14% still were unhoused! So much for getting pregnant to get a nice flat!

For the extreme groups referred to Youth Support House 100% were in their own homes at the 5 year stage and maintained this high level throughout.

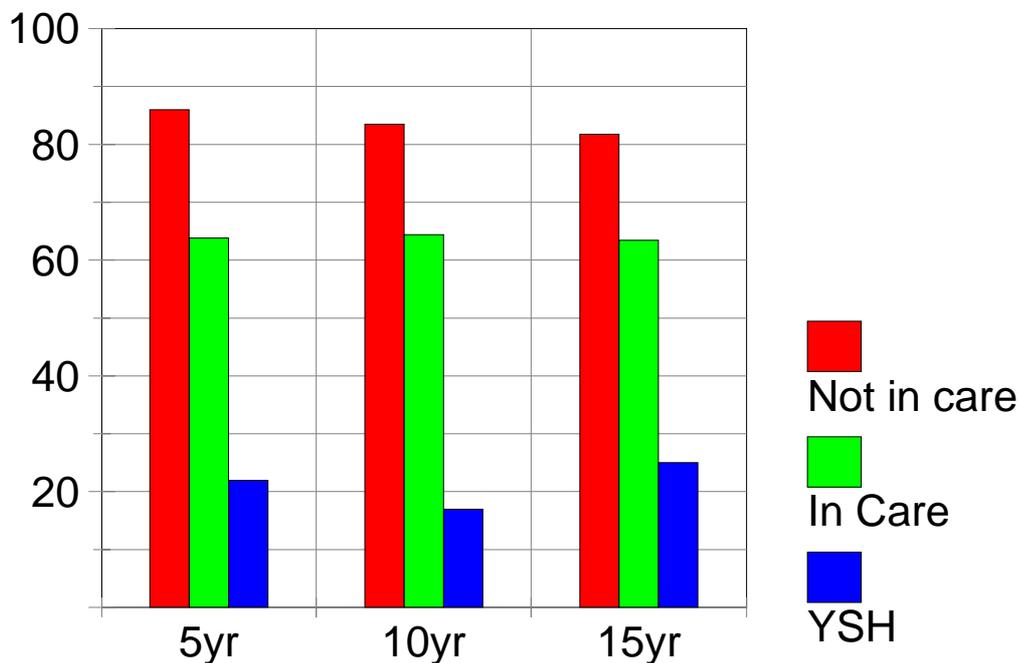


## The Children

### Child Care - Placement of Children.

The majority of children were brought up by their natural mothers and lived with them throughout the time of the survey. Over the entire time scale 80% of the children were with their natural mothers at 5 years and this dropped very slightly to 78% at 10 years and 75% at 15 years. Splitting the groups into subgroups of girls who have been in care and those who had not, once more the care group had a worse prognosis.

## Children with Natural mothers

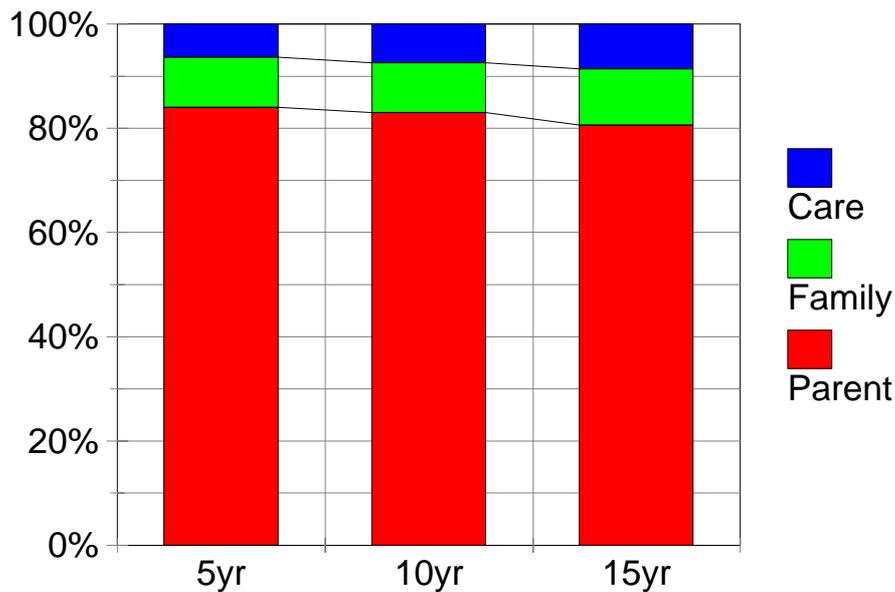


Of the sample who had not been in care 86% were caring for their own children at the 5 year follow up and this dropped to 84% at ten years and 82% at 15 years. This drop off was in small part due to a few children going into care themselves since the care figure rose marginally from 3.5% at 5 years to 3.7% at 10 years and 4.4% at 15 years. Some children also went to live with the girls' families and one boy ended up living with his father. In all, by the 15 year follow up 8.7% of the children lived with another family member.

In contrast, for mothers in the care group only two thirds (66%) of their children remained with their natural mothers at five years. This figure did not change at the 10 year follow up but had dropped to 62% at 15 years.

For this group of mothers who had been in care themselves, the number of their children with their extended families fluctuated slightly and insignificantly from 15% at 5 years to 12% at 10 years and 13% at 15 years. Meanwhile the number of children in care in this group did increase slightly over the years from 13% at 5 years, 14% at 10 years to nearly a fifth (18%) of the children at 15 years.

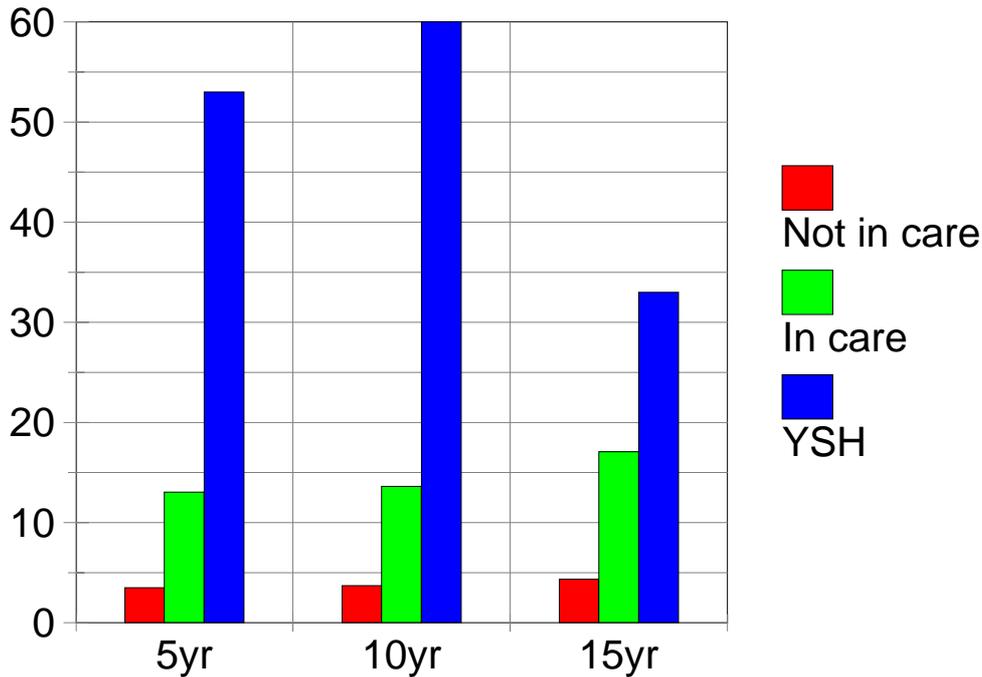
## Placement of Children



When we consider the extreme group of mothers who were referred for treatment at Youth Support House, the numbers of children still with their mothers fluctuated throughout the five, ten and fifteen year period but the numbers were small and figures not very meaningful in terms of children in this group tending to go in and out of care as the parental circumstances changed or rehabilitation occurred. There may be more than one cycle of rehabilitation succeeding or failing. Over half (55%) of the children in this group were in care at some time by year 5 dropping to 17% at the 15 year stage.

Data on this sample is of course not representative or indicative of the general prognosis for mothers in such deprived circumstances since a great deal of effort and professional input was involved in rehabilitation of this group. Children were thus reunited with their mothers by virtue of the work of the unit - who might otherwise have remained in the care system.

## Offspring in care



### Health and Emotional Welfare

“When the bough breaks” .... The early health of the children is fully discussed in “Are you my sister, Mummy?” where the difficulties are summarised thus .....

*“ ..... The children of schoolgirls are ‘born losers’. They have the disadvantage of being conceived by girls who are in many ways still children themselves and by boys who, more often than not, are excluded from their lives or have little interest in their care. They are likely to be born small after a pregnancy characterised by inadequate medical care and poor maternal nutrition . They may then be wrongly or inadequately fed so that they fail to grow well, and because of social and economic problems , live in deprived stressful households where their development is slowed.”*

But where I also conclude .....

*“ .... Society is too ready to dismiss the case of schoolgirl mothers as hopeless whereas with appropriate help there is no reason why teenagers should not be able to provide the best of care to their children ...’ more research is needed to focus on the strengths of adolescents who cope instead of the weaknesses of those who do not’ {Simkins 1984}.”*

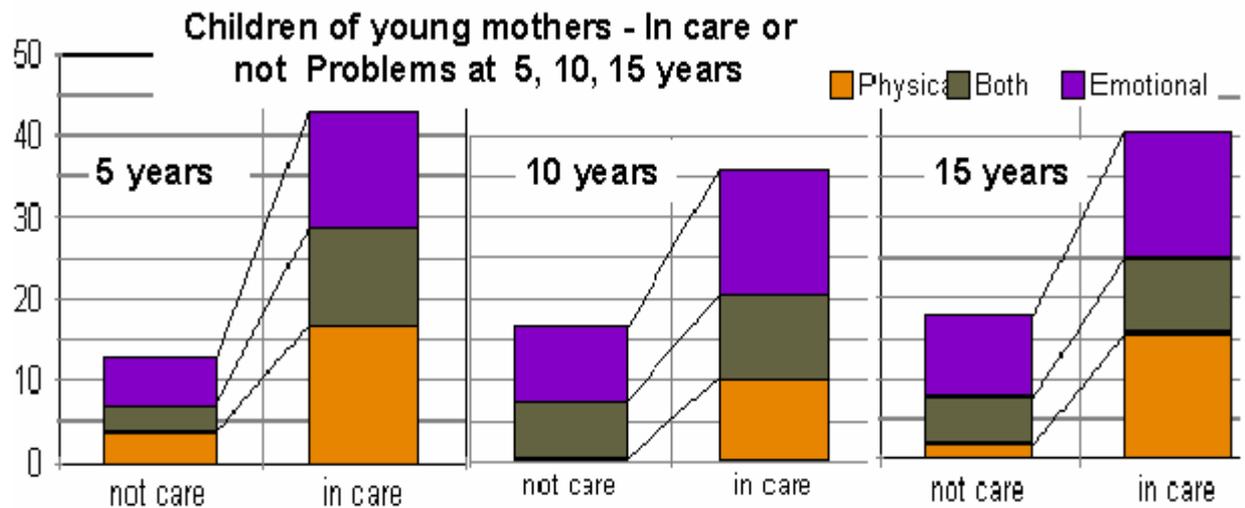
This statement proved quite prophetic. Many girls did do better in terms of childcare than one might have expected - although many would have done a lot better, a lot earlier, had they had some support and help.

Moving forward to the teenage years - mothers reported difficulties with their first born children in 21% of the cases by 10 years and 24% at 15 years.

These problems were both emotional and physical although for a number of the children reported as having emotional problems - their emotional difficulties were linked to physical or psychosomatic factors such as asthma or the emotional traumas of having a disability.

There were two children with known congenital abnormalities, one with a deformity of the neck and one with cerebral palsy. One had a hearing problem and one had a visual problem. One child had epilepsy and one irritable bowel syndrome. The others all had emotional difficulties and one girl had definitely been sexually abused. The significance and aetiology of these emotional difficulties will be discussed further.

Once again, the level of difficulties with the children varied with regard to the sub groups - only 13% of the non care group had problems with their children by the age of 5 years; 17% at the 10 year follow up and 18% at the 15 year follow up. This contrasts starkly with the mothers in care group where 45% had problems with their children at 5 years, 45% at 10 years and 41% at 15 years. This is a significant difference in the two groups.



Of course, when one discusses problems arising with the children in this context it is very much a two-fold problem.

Not only did the mothers who had been in care themselves have more problems with their children - in other words, problems in raising their children - because of their deficient mothering skills - but the children themselves will be subject to the influences of factors inherent in their social circumstances which may have been the root problem for why their mothers were in care in the first place.

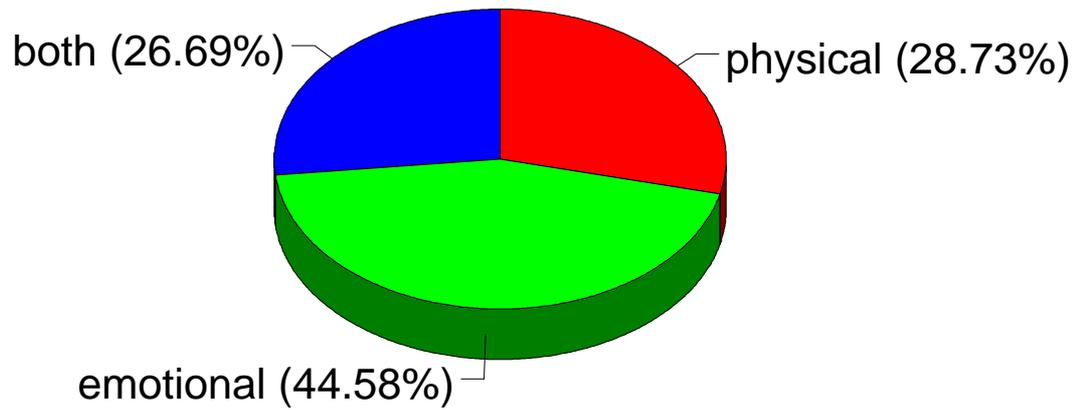
We need to bear in mind the reasons why these young girls were in care in the first place and whether these are 'transgenerational' influences which will continue to have a bearing on the health and welfare of the next generation.

The children may also experience problems with regard to their own inner emotions and conflicts.

Put simply, girls in such circumstances would have problems with their mothering and their offspring may have problems being children in that environment. Emotional conflicts would also arise.

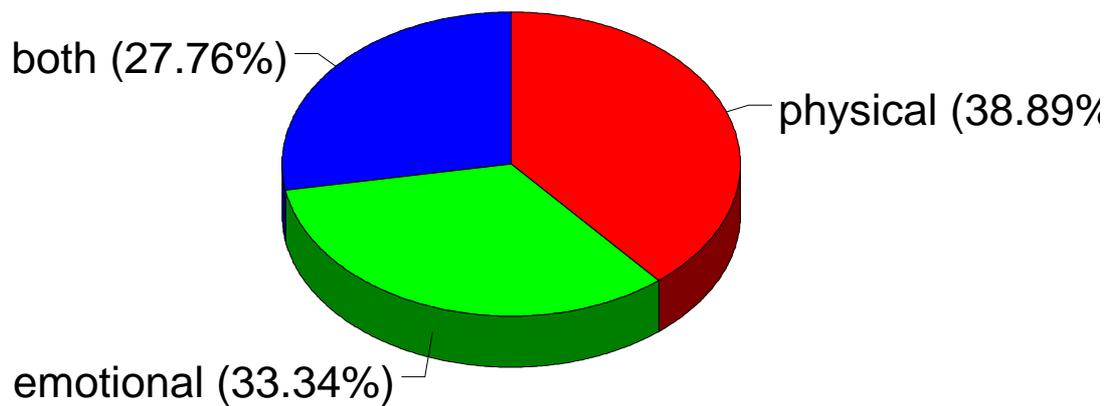
## Problems in Children

Mothers not in care



## Problems in children 5 yrs

Mothers in Care



## **Children's Views and Lifestyles**

The children of school age mothers are in general just like any other children of the same age. As teenagers they have similar likes and dislikes and indulge in all the usual teenage activities. In the main they came across as a reasonably well informed, confident and healthy group.

The information on children came in the first instance from their mothers and families with some added material from professionals such as social workers, doctors, teachers etc. who may have been involved with the families.

Much useful information was also derived from a confidential questionnaire which was delivered during a one to one interview - sometimes in the home - but generally at one of our 'reunions'. The first born children were targeted for this information gathering process and the statistical data relates to them only - however many of the younger children also wanted to give us their opinions and fill in the questionnaires so their comments are included from time to time.

### **General interests, activities and diets.**

Contrary to general public opinion that young teenagers do little sport and tended to be couch potatoes watching TV and eating junk food, this certainly did not come across in the children's questionnaire. All the children interviewed were remarking on sports they enjoyed which included running, basketball, football and many also put down a sport as their hobby.

Some said watching TV was boring, and were certainly not the type to sit around eating junk food. With regard to diet, all of them said they had learned about healthy eating - none had been on diets and their food preferences were varied; salads (surprisingly); rice; chicken; food from varied ethnic backgrounds - West Indian; Chinese; Italian. Some take-aways but fast foods were not mentioned as preferences.

None seemed to have any body image problem or difficulty related to any eating disorders. In fact eating disorders are not often seen in this population of young mothers and the total experience of such problems in this group was just one case of a mother who said that she made herself

anorexic after the birth of her third child when she was depressed. It is dubious whether this was a real eating disorder. Also there was one case of a bulimic young mother in the Youth Support House group which as stated elsewhere is a specific group who were not included in the longitudinal survey.

The heartening thing about the body image of the children of schoolgirl mothers seems to be that over and over again when asked who they would like to look like - they say they would like to just look like themselves, are quite satisfied with their appearance, indicating that their self esteem is not as poor as that that their mothers had been. Some girls said they would like to look like their mothers and one boy hero-worshipped his father and wanted to look like him - this was in fact sadly a father who had died when he had been knifed in a fight .

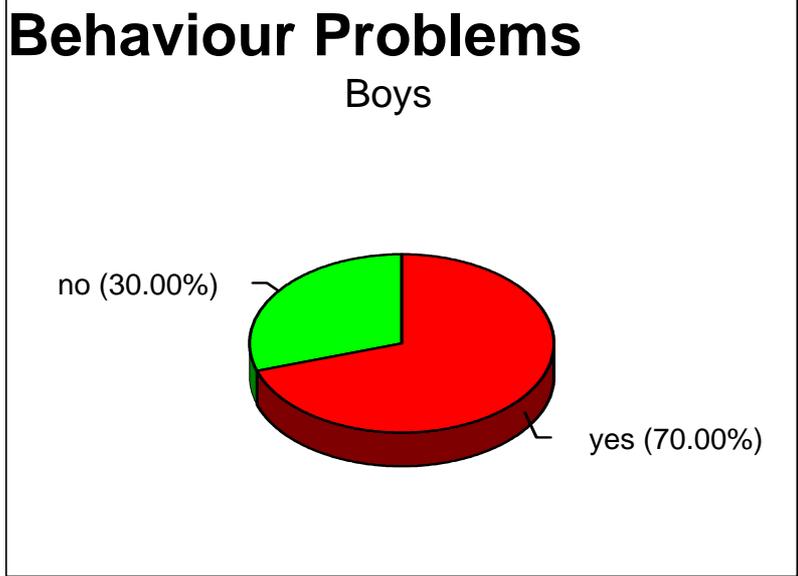
Quote from a younger sister “I am 6 and I have big brother and little sister. I like going to school, playing on the climbing frame and I like maths. I would like three children, two boys and two girls. I would like to work in a hospital being a girls nurse so I can take out babies. My hero is my Mum and the biggest problem in my life is that I would like Christmas to come earlier.”

### **School and Behaviour**

The boys all stated that they quite liked school and got on reasonably well there, but a high proportion had got into fights. They didn't really regard disruptive behaviour as a problem, although some had been suspended from school for it.

They identified quite often with the macho image in terms of stating their hero as being Prince Nazeem the boxer, wanting to be a boxer, a fireman, footballer etc. Here again they required themselves to be male and often didn't know how to do it not having an example.

Unfortunately some of the examples they do have are mother's violent boyfriends, and one younger sibling remarked he would like his hero to be 'someone who doesn't beat people up'. It will be interesting to see as he grows older whether he will externalise his anger in becoming the angry fighter which his brother is, or whether he will be able to maintain his aversion to violence.



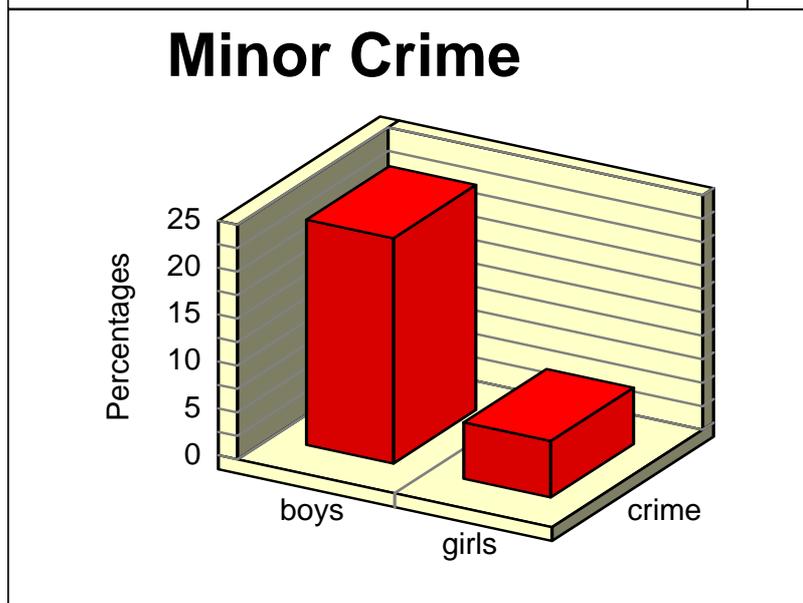
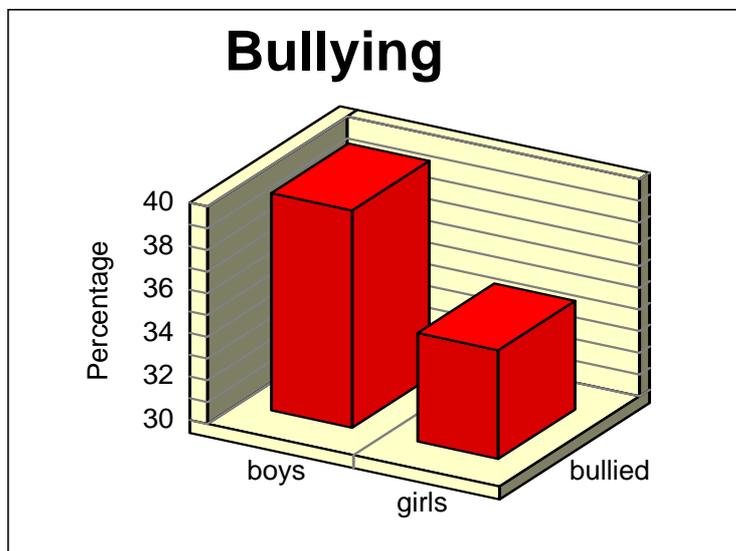
In total the statistics were that - 30% of the boys felt they couldn't talk to their parents, 40% were bullied at school, 70% had behavioural problems relating to violence in school, fighting and disregarding teachers.

A quarter (24%) of the boys had been involved in something illegal.

The rates for girls were lower for most problems. 26% felt they could not talk to their parents 20% had behavioural problems at school and were sometimes disruptive in class. 35% said they were bullied at school.

Only 6% of the girls had been involved in minor crime and they all regretted it and said they were led in to trouble by others.

Interestingly, although their mothers had a very high truancy rate - two thirds truanted significantly - this does not yet seem to be a real problem with their offspring. So far approximately 15% of the boys miss school on a regular basis but very few of the girls as yet admit to truanting.

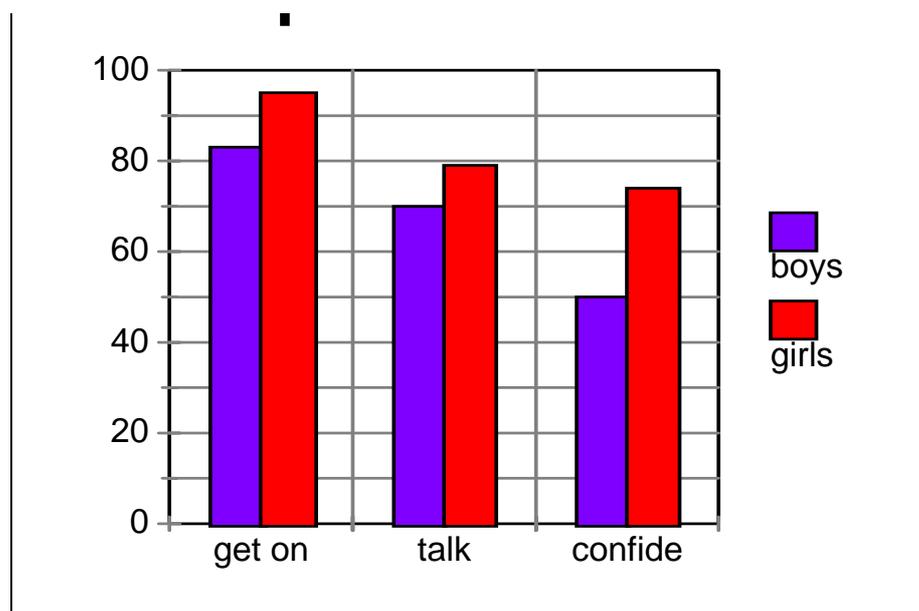


## Relationships with Parents -

With regards to the general relationship of offspring with their young mother - 80% of boys and 95% of girls said they get on.

Half the boys (50%) and rather more of the girls (70%) said they could talk to each other about most things and 50% of boys and two thirds of the girls said they would confide in their mothers if they had problems.

### Relationship with mother



The boys had problems relating to arguing with their mothers, explaining that they couldn't share their problems with anybody and had difficulties relating to teenage behaviour and acting out, coming home late, not being able to talk about their girlfriends etc.

None of the boys regarded either of their parents as role models, they were looking more at Sylvester Stallone and karate heroes. Only one felt his father was his role model, and that boy's father had died.

As young mothers move on from one relationship to another and thus from one 'family' structure to another, they seem more able to shed the last scenario and progress to the next than their children are. The woman has to leave one man behind in order to be able to emotionally 'invest' in the next. She has a very deep need for this next man to 'be the one' and

hence her emotional commitment has to involve rejection of the old and idolisation of the new.

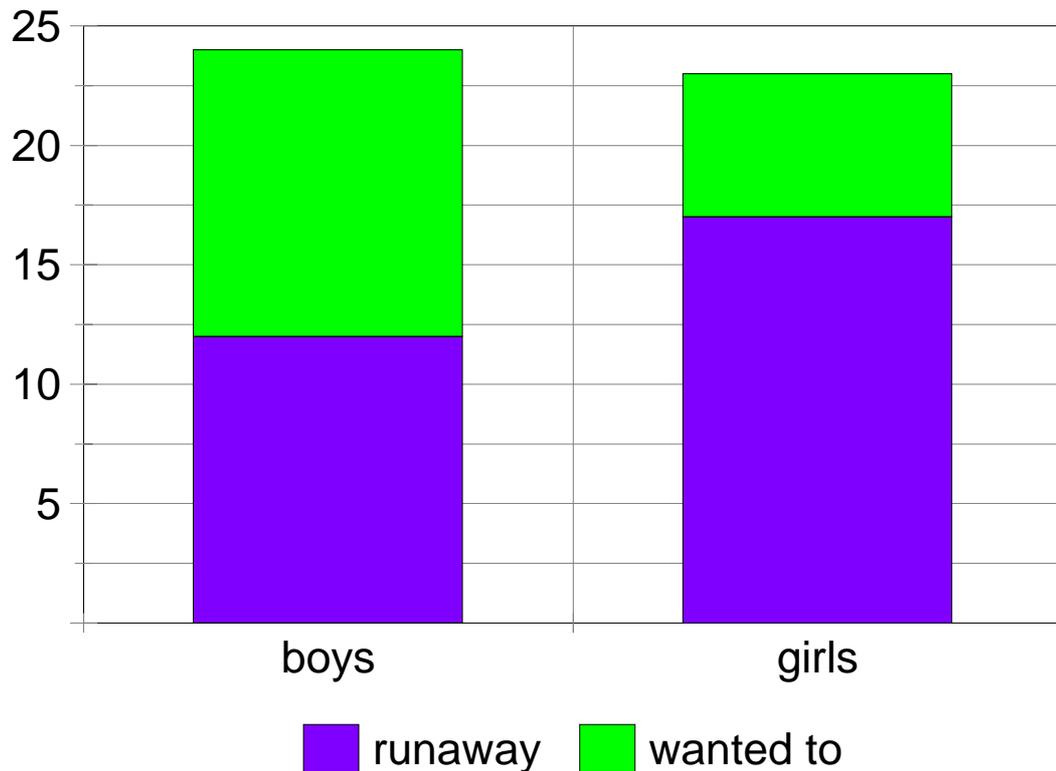
For the children it is often not so clear. They can be confused as to where they should be investing their emotional loyalty - they seem to 'hang on' to some of the discarded aspects of their mothers lives and can end up with a confused mixture of allegiances.

This confusion and not knowing where their boundaries are can lead to the extreme response of running away - to try to find an alternative 'safe place'. Of the boys 12% had wanted to run away at some time and a further 12% actually had put this into practice. Not, however, for a significant period of time. Girls had a lower rate - 6% had wanted to run away while 17% had run from home briefly.

It is clear that although the natural father, or the substitute father, may have passed out of their teenage partners lives, they are sometimes still in touch with their children.

Unless there is a deep degree of conflict between the parents, the children seem to derive pleasure from seeing their fathers and some actually say they would go to see him to talk about emotional problems. He seems to take on the role of a good friend and the few children who have this advantage children seem able to confide in the father because he is not completely a member of the household - it is often easier to talk to someone who is a bit on the outside.

## Children Running Away



The other point that becomes clear is that the children's perception of siblings and family boundaries is somewhat different from that of their mothers, in that frequently when asked about siblings they include a large number of step-siblings and half-siblings from their natural father's other partners. The children seem to identify unity with these other siblings even though they usually have not really had any contact with them.

It is frequently stated and was also found in the first part of this study that young girls become pregnant when they lack a father figure in their lives; that they are seeking a replacement father figure when they start to have liaisons often with unsatisfactory men, not having a male ideal to measure up to with their boyfriends. This is a significant factor in the aetiology of schoolgirl pregnancies .

However, looking at the next generation it seems to be that the boys are most affected by lack of a father within the household rather than the girls. It is the boys who appear to be reaching out to a paternal figure, who miss their fathers and want to talk to them, who sometimes seek out their natural fathers and who get involved in sexual liaisons at an early age possibly in an attempt to identify with the father figure.

There has been little work on teenage fathers in the past, and it would seem that this axis of father / teenage son has been ignored in the study of causes of early pregnancies. Just as it takes two to tango, certainly there are indications that a significant factor in the prevention of early pregnancy is the psychological and emotional status of the boy rather than placing all the responsibility at the feet of the young girl.

Some of the young mothers found their sons emerging masculinity and macho image difficult to cope with. There were problems regarding control and boundaries, knowing how much to refer to authority. Some mums felt torn between the authorities cracking down on their sons and their own feelings of wanting their sons to behave yet give them love and support at the same time. Two young mothers found themselves using physical punishment to their growing adolescent boys in a desperate attempt to exert control over the situation.

\* \* \* \* \*

“You will grow up fast as a young parent - it is difficult having to cope with the problems of isolation - you have no one to lean on, no resources and you have to deal with it all on your own. I think we need a support group for single mothers.

Sometimes I just don't know what to do. My son gets into trouble and I get letters from school about him fighting, and sometimes I am so desperate I have asked the police to contact the social services when I am not able to cope.

... I have even been driven to making his Dad collect him from police stations even though we are not together any more but even that doesn't help. Social services look at the face value of things and don't help emotionally with this. I feel squeezed between the police, social services and I have lost control but can't use much physical punishment because if I hit him social services step in, and I am wrong, what can I do?

I am in the wrong anyway.

I wouldn't recommend anybody to have a child under 16 but having been through it myself I wouldn't be too upset if it happened to my son. I think I would understand.”

\* \* \* \* \*

Many mums in contrast felt close, protected and supported by their sons.

\* \* \* \* \*

“I’ve got three boys - they’ve grown up really handsome, tall and strong. When I walk down the street with them I feel proud and I like to show them off.

They are doing well at school and have never been in any trouble. I used to bunk off school most of the time and then I got my tuition for a while when I was pregnant ... but I’m glad that they’ve got their education.

I know I was very young when I had them but I don’t regret it for a minute. Our housing was the only problem really it was a pain having to live with my Dad for the first couple of years.

There was a stupid health visitor who thought there was something wrong in that .. she made suggestions that perhaps that was why I was pregnant again so fast ... imagining Dad had something to do with it ... silly woman. It upset me that she could have such a twisted mind ... Dad was really good to us and I moved out to live with their father as soon as he got us a flat.”

\* \* \* \* \*

Relationships with daughters were more on a sisterly basis with mutual support.

\* \* \* \* \*

“I am 20 now and I got pregnant when I was nearly 16. I really think it is best to have your children in your late 20s but don’t regret being a young Mum. When you are younger you have more energy and we are more like sisters than mother and daughter.

On the whole, I think I coped generally well although I had trouble with my accommodation and although I did marry my boyfriend we have both been on the verge of divorce several times. It was hard to make the right decisions though and I would like someone to talk to.

I do get very depressed sometimes but I have enjoyed having my daughter. I would be upset if she became a teenage parent and had to go through everything I had to. At least she will have me to support her and we are close, whereas I never had a mother to talk to.”

\* \* \* \* \*

These sentiments are echoed by all.

\* \* \* \* \*

“The hardest thing about being a young Mum was people telling me off for being so young - I would be disappointed if my daughter had a child as a teenager but would support her. I think 18 is the ideal age, but it has been good growing up together. Its easier for us to talk because we are so close in our age.

What I would say to other young mums is don't give up, because in the end they will be there for you. Having a daughter has been a support to me as well as me being one for her.”

\* \* \* \* \*

There were positive quotes

\* \* \* \* \*

“I am well on the way to becoming a solicitor. I have two children, my eldest being 14. I had her when I was 14. I can't see any difficulty in being a young parent, it is so good to grow up with your children, it gives you an open relationship. I wouldn't be upset if my girl became a teenage parent but think it would be better at 20.”

\* \* \* \* \*

“I had quite a few problems when I was younger. I came from a large family and didn't really get on well at school. I didn't know about the facts of life when I was a teenager and couldn't talk to my Mum about it. She was 18 when she had her first child and I was the youngest of five. I had my daughter when I was 15. It has been hard coping with the children's illnesses, one has bad asthma.

I have three children now and had a few problems with my boyfriend who was into drugs but I don't see him any more. It was nice seeing the children take their first step and watching them grow.

What's really good is that my daughter can talk to me about her problems. I am sure I would be supportive if she was pregnant when young, although I don't think she will. She has other things going for her in her life.

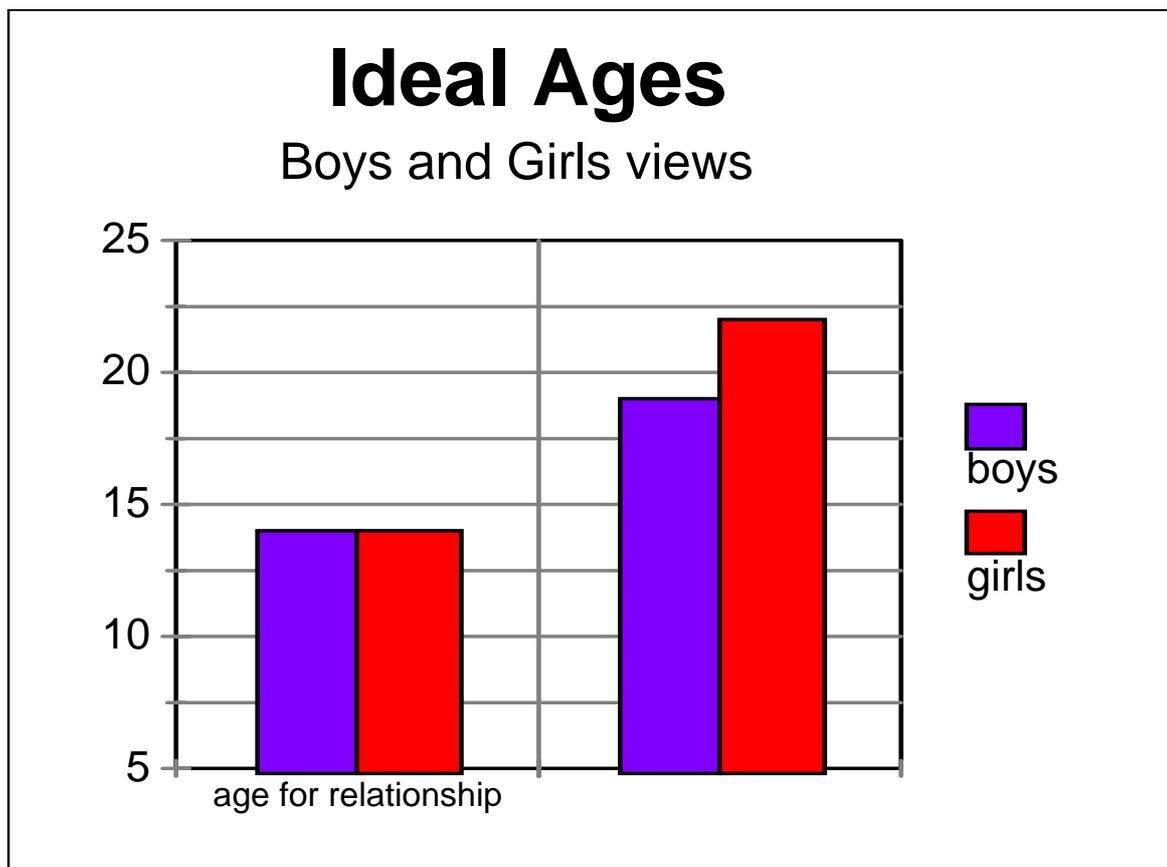
One of my nieces had a rough time and got pregnant at 15, I was able to give her a lot of help. I am pleased I could do that and that she could confide in me.”

\* \* \* \* \*

## Views regarding relationships -

Boys and girls thought the appropriate age for having a boyfriend or girlfriend was about 14 although that depended on the person and almost any time would do. The boys who expressed an opinion thought that you should have children when you were about 19, and the girls stated the slightly older age of 22.

Most girls gave the same ideal age as their mothers did even though their mothers did not practice what they preached.



All of the parents said that they would be upset if their child had an early pregnancy; and would be sad at the loss of their childhood. Although they felt very close to their children they said how hard life had been early on.

\* \* \* \* \*

“I’d tell her it’s a hard life, not easy for a couple of years. I couldn’t enjoy myself and I am just catching up.”

\* \* \* \* \*

“... it was very difficult at first, I cried all the time - the baby cried as well so I couldn't sleep. It would have been good to have someone helping at night so I could sleep”.

\* \* \* \* \*

“I don't think it is good to have a child until you are at least twenty but there were good things about being a young parent - you get to grow up with them. ... People think she is my sister.”

\* \* \* \* \*

Some of the younger children demonstrated their parents confusion and the difficulties they faced looking at mixed messages and conflicts in values. One little girl from a catholic background externalised many of her mother's internal conflicts -

\* \* \* \* \*

“I think people should have boyfriends or girlfriends about 13, maybe having children when they are 21 - of course, it doesn't matter if they are married ... if they marry they can start earlier.

I learned about sex from films but don't know much yet. I would like to have lots of children - over a thousand - and when I grow up I might be an actress but think I will be a nun because they go to church a lot.

The biggest problem in my life is Mum losing her baby when she had a stillbirth - that meant losing one of my sisters when she was born.

My hero is Robbie Williams from 'Take That' (pop group). I like school, have been in trouble sometimes, just little fights. They used to bully me a bit in my old school but I have lots of friends now. I like maths and gym, and the thing I hate the most is boys pushing me in the lunch queue.”  
(Mary, aged 9)

\* \* \* \* \*

Mary's elder brother John was similarly confused. He could not remember who his stepfather was and there was general confusion in his

life. He had run away from home spending time on the streets then alternated between living with his natural father and with his mother. He alternated between the role of bullied victim and bullying gang member presenting different facets of himself to different people. He got into trouble with the police, smoked at 12, drank at 13, had a lot of cannabis at school and was sexually active from the age of 14.

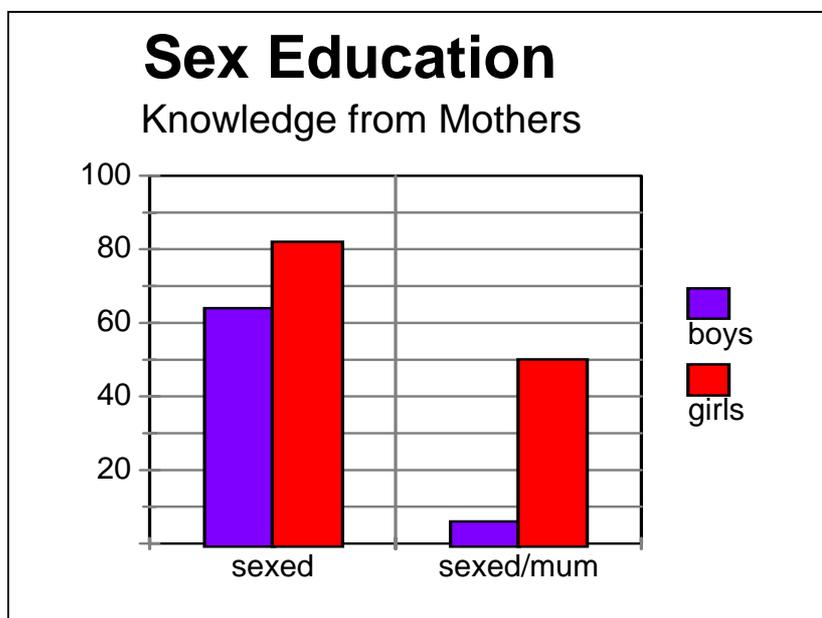
He could be a sensible boy but had difficulty knowing where he was in what was to him a crazy society ... this somehow fitted with his image of himself as a cartoon artist - lampooning his unfathomable world.

\* \* \* \* \*

## Sex Education.

With regard to sex education, 50% of the boys and 75% of the girls had knowledge of sex education, 10% of boys and 50% of girls derived considerable sex education from their mothers.

Most of the children knew about safe sex but had learned about this in school in the context of AIDS and did not seem to be able to make the mental jump of seeing safe sex also related to contraceptives and general sexuality. They often said they knew about safe sex but did not know about contraception. Knowledge of sexually transmitted diseases was the poorest.



Quote from a father ...

\* \* \* \* \*

“I came from a big family and now have a big family myself. I had my first child when I was seventeen and my wife was fifteen. ... I think the best thing about being a young parent is watching them grow up ... but the hardest thing now is coping with teenage daughters going through adolescence.

If my child got pregnant I would feel disgusted and annoyed. I think the ideal age to have a child is 18 or 20. When you are pregnant without housing you still don't have anywhere to live and have to live with

parents - that's the biggest problem. It meant we had to split the family between different grandparents and it would be great if that could be sorted out so we could be together again.

We often talk about sex education but I worry about that - maybe it is right what people say about young girls learning about sex then going out and doing it ...” .

\* \* \* \* \*

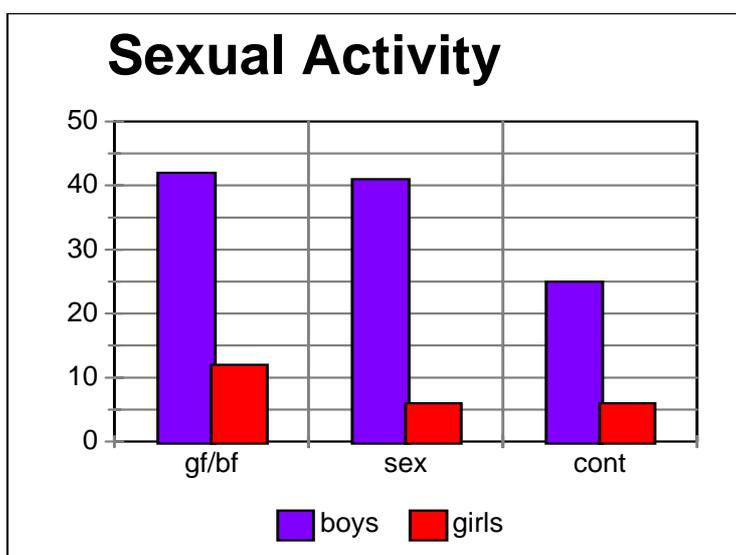
This somewhat extreme reaction met with a gasp of protest from the ‘other half’. It was however also echoed by one grandmother and her daughter, but is not a commonly held view. Most parents did feel their children should know about sex education because this was something they had lacked and, as many of them said, they knew nothing of sex education but went out and did it anyway.

The young fathers seemed more worried about their teenage daughters getting pregnant more than the young mums.

## Sexual Activity.

In general, the boys are more likely to be sexually active than the girls and some started having sex as early as 11 years old. Most were using contraception in contrast to their parents, and most had heard about contraception and some facts of life from their mothers.

This is also in stark contrast to the trend for their own parents who on the whole had not had experience of sex education and certainly could not talk to their parents about this.



The graph indicates levels of sexual activity in the teenage offspring of young parents. Not all the children were interviewed in this depth - the figures on sexual activity relate to thirty boys and thirty girls aged 14/15yrs.

Of boys 42% had a girlfriend, 41% had had sex, 25% had used a condom, none had so far got their girlfriends pregnant - more by chance than anything else!. The graph illustrates the 'danger zone' - the 16% who had unprotected sex.

Of the girls 12% had a boyfriend 6% had sex 6% used a condom during sex (i.e. all sex was protected).

The boys with the most disruptive behaviour and biggest problems were also the ones who were sexually active. They began as early as eleven

and had unprotected sex approximately one third of the time. It does seem that they probably constitute the biggest risk in terms of early pregnancy.

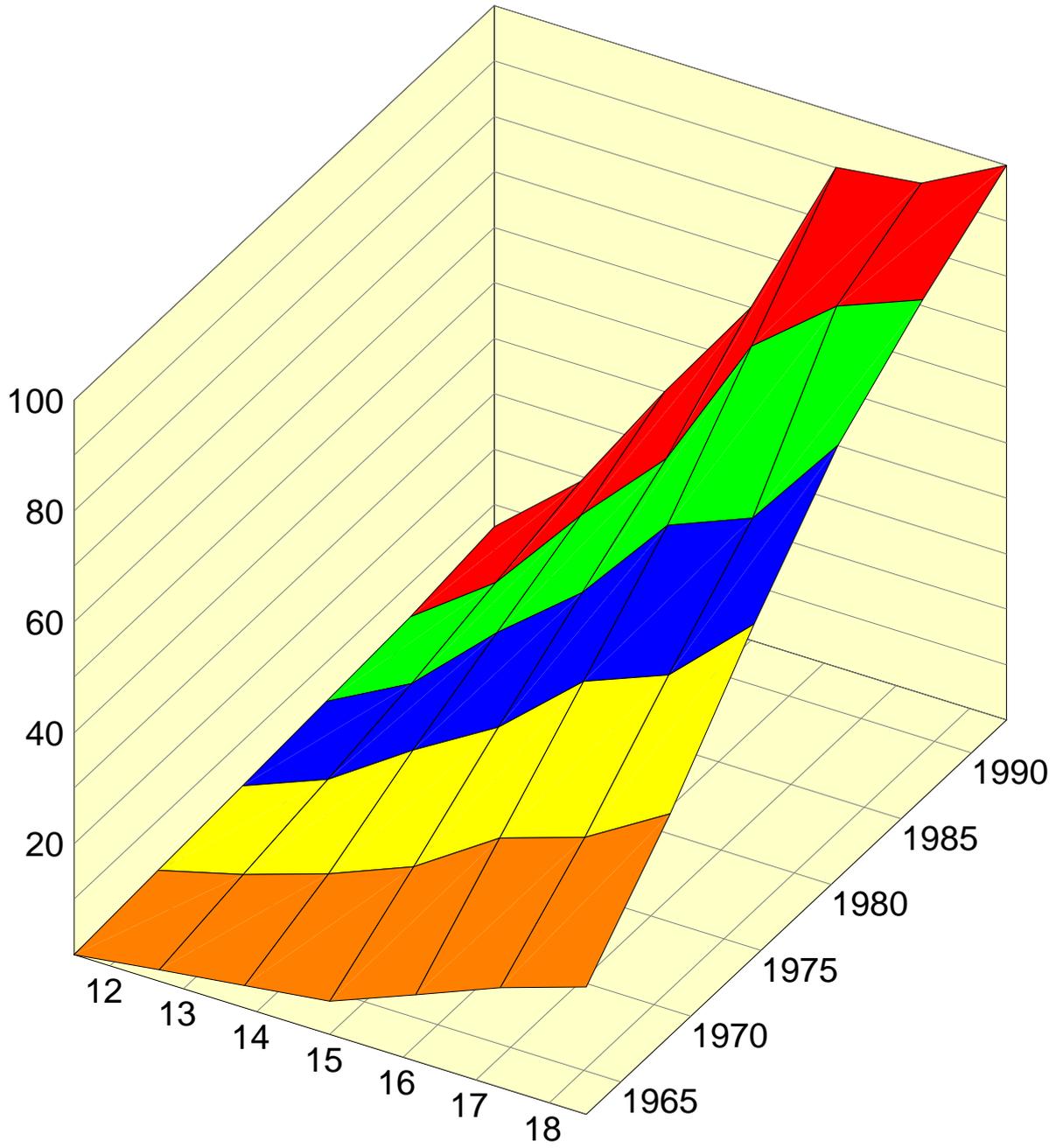
The girls on the other hand have a lower level of sexual activity - first activity being at age 13 but the sexually active girls were not in the group who were likely to be more disruptive or into other 'risk taking behaviour'. The motivation does seem different between girls and boys. They also seemed to show a much better knowledge of and use of contraception than their parents.

It is interesting to look at an updated version of the mathematical model for sexual activity which was included in "Are you my sister, Mummy?". This was put together from all the available data at the time and while of course having the limitation of a mathematical and not a clinical model - it did predict that by the nineties approximately 40% of fourteen year olds would be sexually active.

At the time of the first survey the average age of first sex for the schoolgirl mothers was 13.5 years so in fact 50% of them were sexually active at fourteen. At the moment it seems that this is about the level for their sons but their daughters are less active. Bearing in mind that boys might overestimate and girls underestimate, because maybe that is what they think we want to hear ... in the case of these particular boys the level of sexual experience is I would believe accurate.

We need also to bear in mind that only 40% of schoolgirl mothers had mothers who were also schoolgirl mothers - hence nearly two thirds of their daughters would be expected not to follow in mums footsteps to early sexual experience or early motherhood.

# Sexual Activity Model



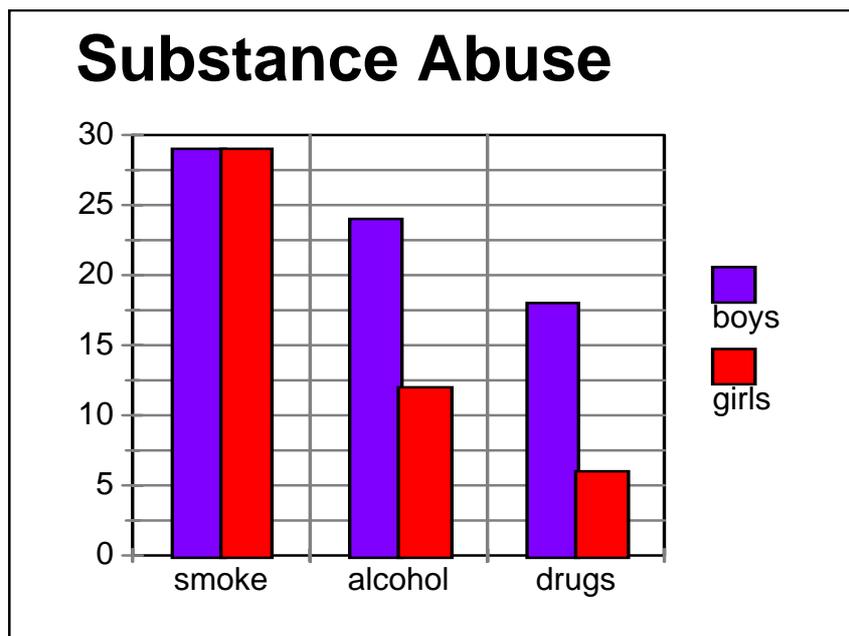
## Substance Abuse.

Just under a third of the boys ( 29% ) and the same number of the teenage girls smoked.

Alcohol use was at a low level, not frequently or regularly although some admitted to having got drunk occasionally. The more disturbed children admitted to more regular use. In all a quarter of the boys (24%) and half that number of the girls (12% ) had alcohol at some stage.

Drug use was limited to the occasional cannabis or experimenting with solvents. 12% of the boys and half that number of girls (6%) did this. They were generally offered drugs at school by older pupils.

The scene on the whole has not changed substantially since their parents were of school age.



\* \* \* \* \*

“I didn’t have an easy time as a child, I came from a big family with stepbrothers but was unhappy and abused ending up in care. I didn’t like the school and got into trouble when I started sniffing solvents and glue when I was 14, about the time I started having sex as well. I had my first baby when I was 15.

I didn't have a serious boyfriend until I was 19 so was much on my own with the first child. I didn't know about sex education and had no one to talk with. I managed to keep my daughter with me the whole time but it was hard having no support in those years. I was in a home for six years.

I was smoking cannabis when I was 19 and a few years ago was using crack as well but have now given all that up. I feel hurt that this is the way we treat people who make a mistake and it seems sometimes you have to pull yourself up by yourself.

I think we have a good relationship between me and my daughter. I don't want her to make the same mistakes I did."

\* \* \* \* \*

## Families

“As my children get older I can really say that adolescence is a pain. I hope my daughter doesn’t get pregnant and will wait until after 18 at least. Parenting is a big responsibility and as a teenager it is so difficult to keep up with the pressures of life. I found keeping up with the bills as a young parent was a nightmare.

But it is good to have a young family.”

\* \* \* \* \*

“I got pregnant when I was fourteen and had my baby just after my fifteenth birthday. I was lucky because I had a lot of support from my family. I got out of a bad relationship and managed my life better after that.

I still live with my Mum and Dad. It has been good having the company of children and I don’t think I really missed out on anything. I had my childhood while the children grew and had support from my Mum so if I wanted time for myself to go out I could.”

\* \* \* \* \*

There are many different family structures. Our society in general has moved away from the single idea of the nuclear family - mother, father and two children - as being the only acceptable pattern. Single parent families are much more the ‘norm’ than when this study commenced in the early eighties. It has also become more acceptable for couples to live together without a marriage to cement their union. - not that the unions were necessarily any more stable - the cement often cracked.

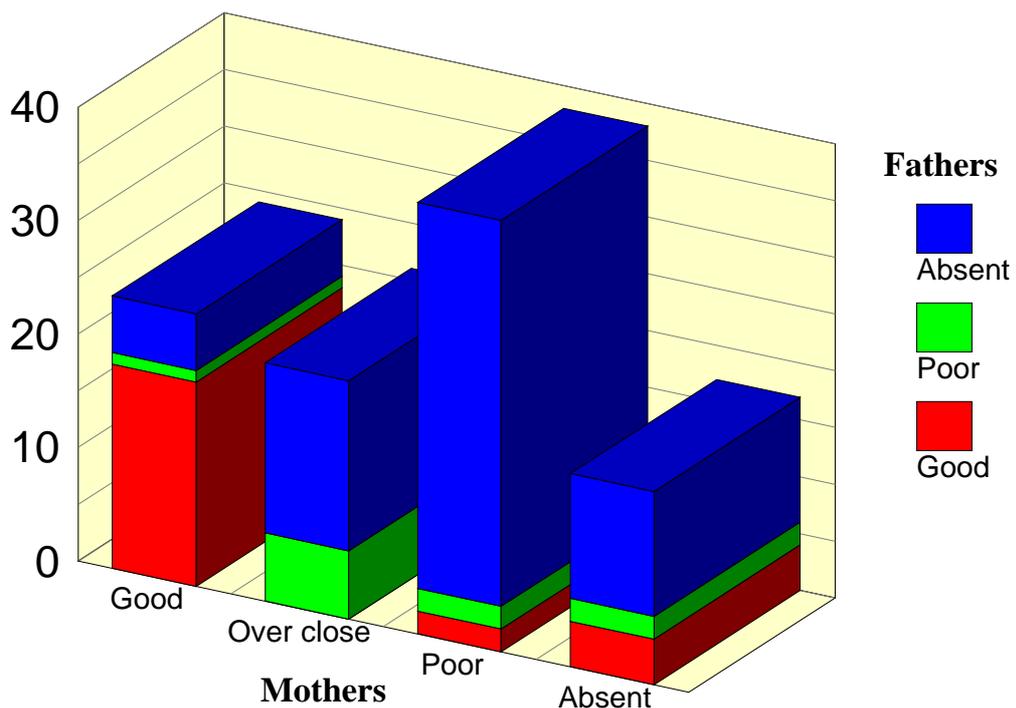
To paraphrase an excerpt from a recent presentation at a conference - “There is no unitary structure which can be called a family - it is not the structure which is important, but the function of the family - individuals are the building blocks, not families .... and individuals need support to function at their best”. {Leach 96} In no context is this statement more true than in the case of our young families.

To recap a little on the family of origin of the teenage mothers. They generally came from large single parent families with an average of five children. Two thirds of their natural fathers were absent from the household and the ‘father figure’ was usually a man who moved in and out of the ‘family’ fathering more children and then going on his way. Neither fathers nor stepfathers figured significantly in most girls lives.

Just under half the girls (45%) got on with their mothers but in half the of these cases - a fifth of the whole (21%) - the relationship was described as ‘over close’ and suffocating and this was considered a significant influence.

Hence the families fell into the main groups of - good relationships with both parents ; absent or weak father and dominant or poor relationship with mother; both parents absent or ineffectual.

### Relationships - Family of Origin



A fifth of the girls came from what could be described as a ‘good’ family background - Dad was around and so was Mum and they got on reasonably well. Generally these girls have done well themselves.

Why did they get pregnant in the first place? For some it was an 'accident' For some an 'out of character' relationship with the 'wrong' boy and perhaps they are now well settled with a stable second relationship. For some the pregnancy was wanted and 'right'. Some - approximately a quarter of this group - were following a family pattern of early motherhood.

There was no single reason nor even a predominant reason why girls from 'good' families got pregnant - however it does seem that having a good supportive family behind you does help you to make the most of your situation and build a happy family yourself.

Of course all of us have unhappiness and the odd disasters in our lives and it is important not to let the 'hazards' of everyday living cloud our perceptions. Unfortunate things happen to 'ordinary' people. There is not always a researchable 'reason' behind why things turn out the way they do and there will always be exceptions to the 'rule'. Thus allowing for everything in the garden not being wonderfully rosy, nevertheless there is no concrete example in this study of a girl from a stable loving home who as not done reasonably well in recreating her 'family' scene.

Our family of origin is a very powerful influence on our emotional development, on our future lives and very much sets the scene or the 'mould' for our future lifestyle. Like it or not, we do tend to recreate our 'family' throughout the shifting patterns of our lives one way or another.

Looking thus at family patterns it is interesting to note that in the original sample forty percent of their mothers had also been young teenage mothers. In other words sixty percent had not. For sixty percent this was not a family pattern and there were other influences which steered them in the direction of being schoolgirl mothers.

A twenty year follow up study in Baltimore found a similar situation - "Nearly two thirds of the daughters of adolescent mothers delayed their first birth until 19 or later, but those who had teenage births may be more vulnerable than their mothers to economic dependence and less able to escape poverty" (Furstenberg et. al. 90).

There were also just over a third of sisters (35%) who were teen mothers which is not surprising in view of the shared family histories, the 'peer' influence and perhaps the higher acceptability of early child bearing in these families. This has been suggested as an influence on

younger sisters of teenage mothers in reports from the USA. (East and Felice 92)

Some sisters stubbornly refused to follow their older siblings example however and stated quite clearly that they had other goals in mind. The vision of not so 'perfect' mothering before them seemed to put them off. It seems moreover that siblings do have their own lives disrupted by their sisters early child bearing. (Hoffman, Foster, Furstenberg 93).

\* \* \* \* \*

"She's always looking at me and saying .. 'what's wrong with you? Look at you, nearly thirty and not had any kids yet'

Just because she's got her seven and my other sister had five ... they seem to think I'm abnormal.

Then my mum starts ... 'when are you going to et married?' There's plenty of time!

I've got other things in my life, I've got a job and I like to have my own time. I love playing with their kids when I visit - but I wouldn't like them around me all the time.

\* \* \* \* \*

"I never wanted to get pregnant - it was a complete mistake for me and I would have planned an abortion if I had been old enough. I was scared to get my boyfriend in trouble so I waited till my birthday and then it was too late. .... Anyway I had a miscarriage .. it was a complete relief although I was really upset at the time.

If I had the baby I would have got on with being a mother and I was starting to get attached to the idea of having a baby. But it was for the best ... I never did get pregnant again and that's right for me. I've got a good job, a nice flat. My sister has got children and she is happy too - we just lead different lives, that's all.."

\* \* \* \* \*

Looking overall at the family history for different groups of girls it is also somewhat of a surprise to note that there is no difference in prevalence of family history of teenage pregnancy in the groups who have been in care or have not been in care. Perhaps this should not really come as a surprise .. maybe the ‘care experience’ and the effect of going into care has such a profound influence that it far supercedes and masks any effect of ‘family pattern’. In other words, the vital point is not whether your mother had you when she was young - but whether or not that mother could cope with you at a young age and whether or not she gave you up - willingly or not - to the care system.

	Family History - Mother		
	yes	no	
Whole sample	40 percent	60 percent	
Not in care	40 percent	60 percent	
In care	41 percent	59 percent	
single child	44 percent	56 percent	
repeat pregnancy	35 percent	65 percent	
late repeat	29 percent	71percent	*
constant repeater	36 percent	64 percent	
	* = significant value		

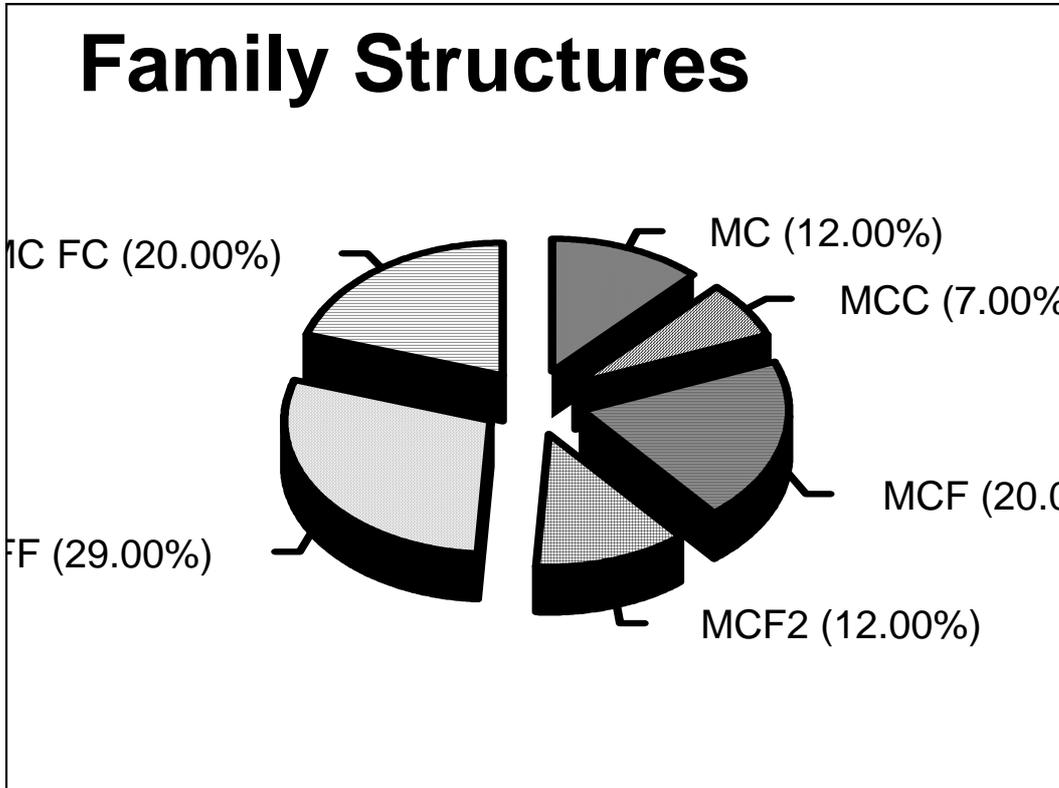
The family history of teenage pregnancy does not seem to have any significant impact on repeat patterns of pregnancy either - with the one exception of the ‘late repeater’.

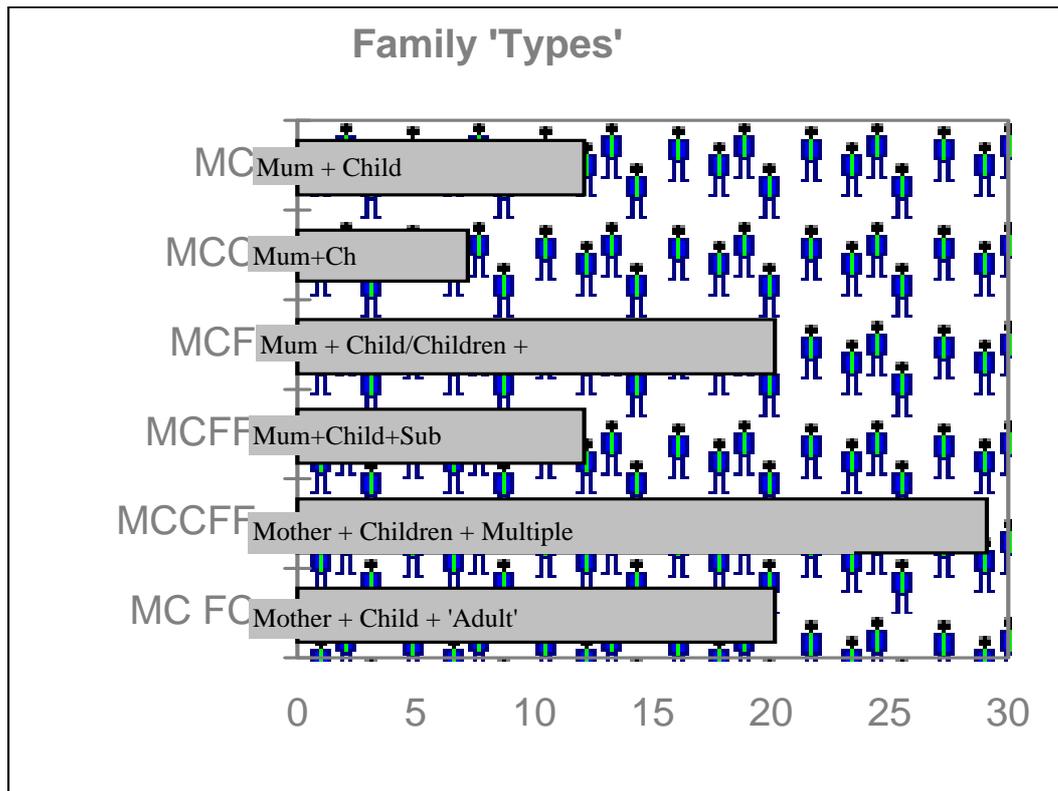
The girl who has only one child until late on and then enters into a second ‘adult phase’ of child-bearing is marginally less likely to have a family history. This is not unexpected really since one would expect girls whose family pattern encouraged early childbearing to regard teen childbearing as a ‘norm’ rather than entering an ‘adult norm’ at a later date.

As we have seen in the discussion of child bearing patterns - some young mothers remain on their own with their one and only child. Usually by the time their children are teenagers they are living in their own homes but in the early years the grandparents figured quite strongly in their grandchildren’s lives.

The general pattern of family types are illustrated in the graphs - with an indication of their relative frequency. For the sake of simplicity , the presence of grandparents and the family of origin has not been considered

in these graphs nor are the children who have been taken into care (see above for numbers in that category).



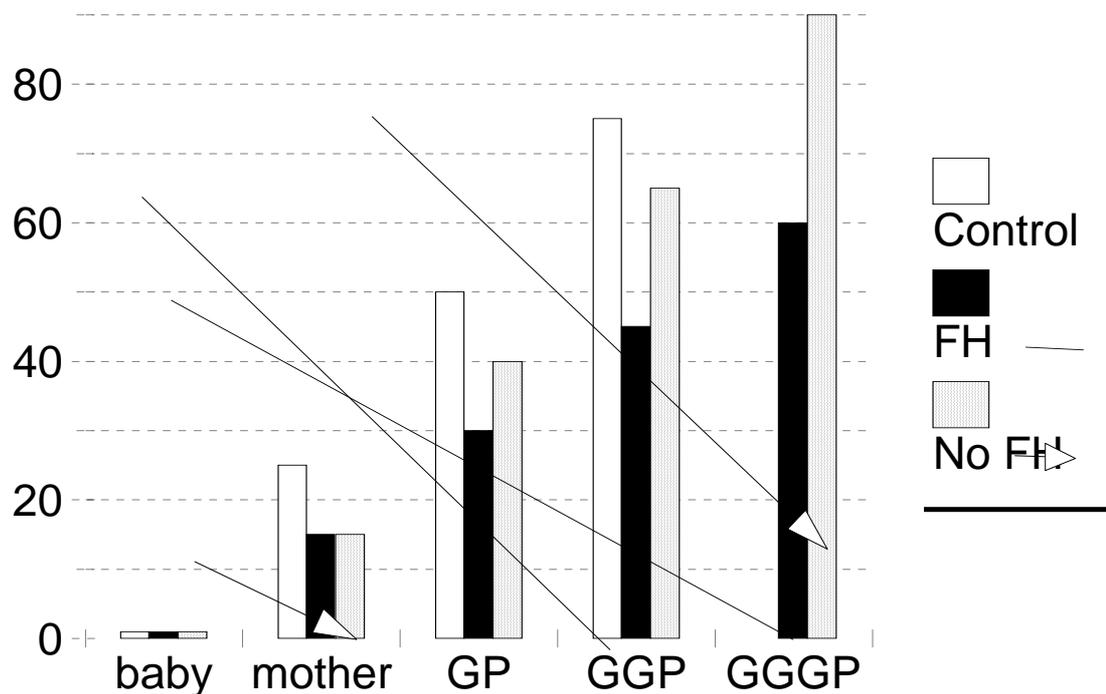


It is important to consider on a multitude of levels the contribution of the grandparents to the family structure and the effect of teenage parenting on the wider family group.

To begin with - taking a purely mathematical and 'simulated' view of the family the spacing of generations varies in families with 'average' child-bearing pattern s- i.e. the next generation become parents in their twenties (control group in following graphs) ; from that in families with a recurring history of school age pregnancy (FH) and those families where there is no family history and teen childbearing is a sporadic occurrence (no FH).

## The Generation Game

### Spacing of generations



We see here that in both the control group and the family history group the generations are evenly spaced with teen motherhood creating a narrowing of the generation gap and thus the potential for the presence of an extra generation of great grand parents who would be that bit younger and more likely to still be living at a time when their younger family members are born.

The teen parenting without a family history creates an extra generation but with uneven spacing - (note the differing slope and crossing of the lines). Hence the generation gap is only narrowed in terms of the current generation - not higher up the line.

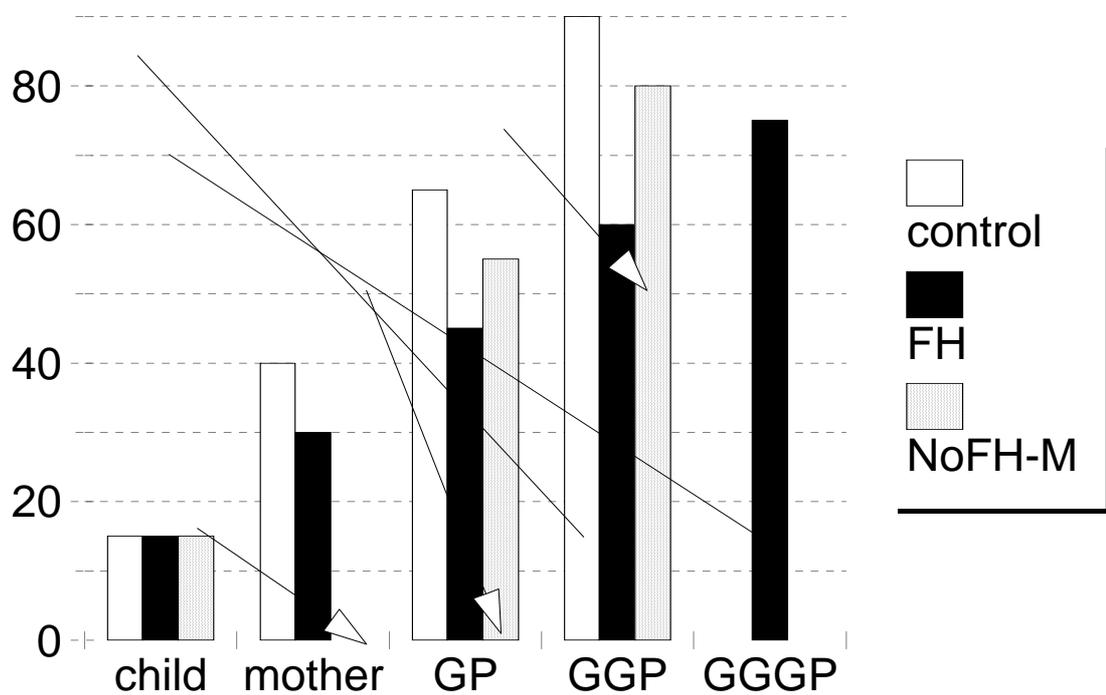
You may say - this is all very well, but so what?

The 'so what' comes into play when we consider the basis of the phrase "Are you my sister, Mummy?" - in other words what happens when a teenage mother hands over child care to her own Mum?

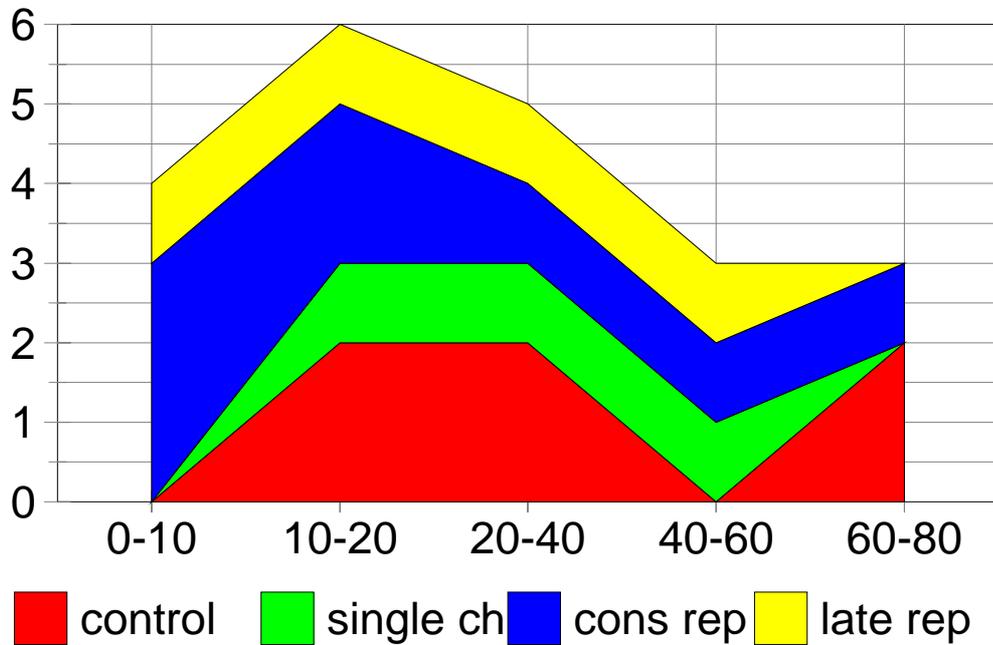
In the graph below family structure of controls, Family history (FH) and no family history with absent teenage Mum - mother dropping out (FH-M) are compared.

At fifteen years 'mother' will be thirty and in a recurrent pattern grandmother may be forty five - not an unreasonable age for a substitute mother. But in a non recurring pattern grandmother may well be fifty-five or much older. Quite a gap for child care.

### The Generation Gap at 15yrs Are you my sister, Mummy?

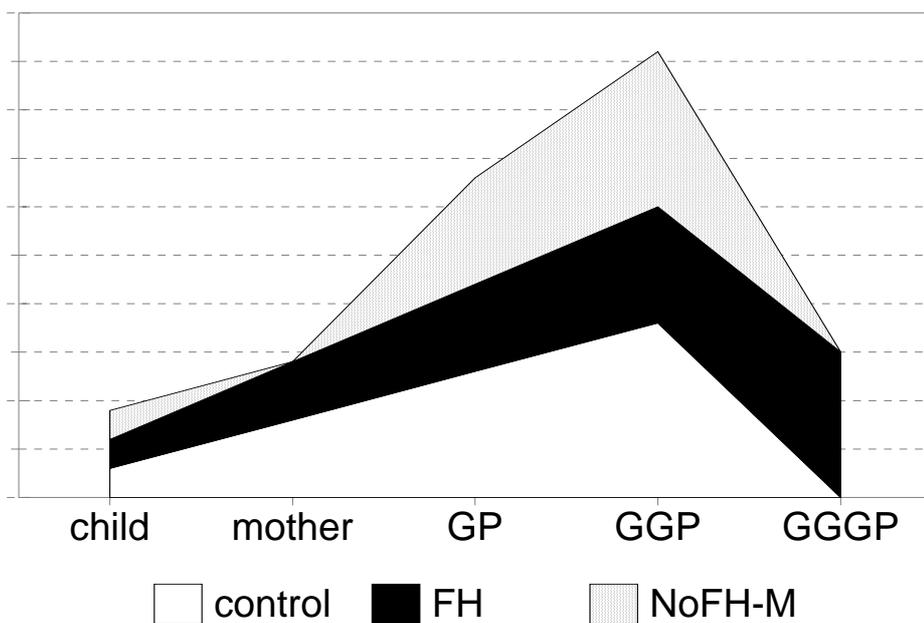


## Family Structures Age Groups at 15 yrs



This is further illustrated in the area graph of family composition and generation pattern at 15 years when mother drops out.

## Generation Pattern at 15yrs When Mother Drops Out



It is also interesting to look at the family structure at 15 years for the differing child bearing patterns - single children, constant repeaters and late repeaters compared with controls.

The constant repeaters have family members at every age group and there are still tiny babies around when the first children are teenagers. The single children families are small families with two individuals representing the two generations close together - child 15, mother 30. late repeaters are similar but have a baby after a large gap - the siblings are very far apart.

Grandmothers often have a very hard time coping with their children and grandchildren. It is also extremely difficult for a child brought up by grandparents who may be too old to do some of the 'parental' task or have fun. Children are also immensely bereaved when grandparents who have been their prime carers eventually die.

Let us look at some examples of these grandparents -

\* \* \* \* \*

Sandra and her mother lived together with Sandra's young son. Mum never really approved of the pregnancy but she supported her daughter while she went back to school and then to work.

The boy knew who his Mum was, but gran did the day to day caring, she gave up her job to stay at home with him, she took him and collected him from school and she was always there when he needed a cuddle.

When he was ten, grandma died suddenly and the bottom fell out of his world.

\* \* \* \* \*

Wendy was not able to cope on her own. She had never been particularly bright, never learned to read and write and should have been at a special school. However she ran away, got pregnant and lived with Mum after her boyfriend dumped her. She was good with the baby but she needed Mum around for support.

She subsequently left her little five year old boy, Ian at mum's house when she found another man to take care of her.

He did not prove to be very good either to her or to her subsequent children and they eventually split up. He never wanted Ian to join them , but that did not really matter because Ian was happy with gran - until she died.

Wendy had nobody to go home to .... Ian had lost his home too. Two generations of children were left orphaned and lost. Wendy has been very ill, her housing is awful, her sisters physically abuse her and call her stupid. She has no respite now that Mum is not there to protect her. The only person who is there - is her son.

At our reunion Wendy was just content to sit , in peace, in the garden. She loved the physical and mental 'space' it was a luxury to her.

The children delighted in being children and Ian acted like a five year old - being 'let out to play'.

We found that with many of the children at our 'reunion' days. They loved being free, being able to genuinely 'play'. They related well to the animals in our mini-farm and our 'animal therapy really came into it's own in a big way.

\* \* \* \* \*

The children were all intensely competitive for attention but at the same time joined in with each other and families interacted well. It really was as if we were 'all in it together'. No pretension necessary.

Although Vicky had no hesitation in taking on the role of mother to her grand-daughter when her own daughter died - she regretted the loss of her position as gran'.

“... but I'm too old to be a mother ... I want to be a grandmother.”

This feeling was echoed by many of the mums who were left holding the baby as their very young daughters dumped the baby on them and ran.

\* \* \* \* \*

This happened to Lynne who had looked after her granddaughter when her own daughter gave birth at thirteen and then ran off with an older man and she had to do it again when in turn granddaughter did the same to her when she was thirteen. How many generations would she have to mother?

This was one lady who was very nervous when I visited for follow ups - don't tell me she's pregnant again .. she's not is she? Fortunately she wasn't. She did go back to school and finished her exams. At the moment things are quiet on that front...

\* \* \* \* \*

Monique was not so lucky - her daughter got pregnant on a one night stand and soon after the birth disappeared from town. Rumour has it she was involved in prostitution. She never came home but her daughter has grown up beautifully and gives her grandparents great pleasure.

\* \* \* \* \*

## Why So Many Children?

### Why do deprived young mums have so many children?

This is a frequently asked question with no simple answer.

It is easy to become 'judgmental' when faced with a colleague who genuinely cannot understand why some of the more deprived mothers will go on to have repeated pregnancies.

\* \* \* \* \*

"But why does she do it?"

What will happen to this next poor little mite?

Sean's such a loving little boy and he has got so much confidence since he has had the attention he needs. I remember it was not long ago when he used to just sidle up to me and snuggle onto my lap and stay there sucking his thumb .. watching the other children play. Then he would take my hand and stretch it out towards a toy he wanted - later he felt safe enough to stretch out his own hand. And look how he plays now ... running around climbing on the slide.

Will there be enough for him when the new baby comes? "

\* \* \* \* \*

We had just worked very hard to help a young mother cope with her two youngest children. She had been abused at an early age and lived in a children's home until her first pregnancy. Thereafter she struggled with the needs of her baby, the demands of her drug abusing boyfriend and the difficulties of living in a squalid flat.

The arrival of the second child was the straw that broke the Camel's back. She became severely depressed and unable to cope. The children were

taken into care and Kim was eventually admitted for residential care and a trial of rehabilitation with her babies.

It was a tough, uphill struggle, but gradually as the weeks and months passed, Kim was able to recover some personal strength and confidence. She was found a new flat and helped to establish herself there with the two children. Three months later she was pregnant again.

Would this new pregnancy bring about another breakdown? Could she cope with three children? Had all our work been undone by her irresponsibility in getting pregnant again? Maybe she did not care for her children in that she was throwing away their stability in embarking on a new pregnancy? Understandable questions and reactions from caring staff who wanted 'the best' for her and the children.

\* \* \* \* \*

It is useful to remember that 'the best' is not always possible in the real world .. and our view of what constitutes 'the best' is not necessarily that of the next person. We cannot expect others to live by our own personal standards. For some families one child or even a childless marriage is the goal - for others happiness means ten children. Why should we criticise a young girl for wanting four children when our own Queen Elizabeth was congratulated on having four offspring? And how many of our friends and acquaintances have big families and escape criticism?

In the past families were bigger because of lack of contraception - but also because so many small babies died that women had to give birth to a number of children in order to make sure that some survived to adulthood. For poorer families that has remained the case to an extent - particularly in 'third world' countries. It is tragically regarded as an almost acceptable part of life - poor families must have more children - because fewer survive and because children are cheap labour to support the family finances.

So 'morally' is it thought to be OK for poor families to have many children in some societies but not in others?

A commonly heard complaint in our 'modern' society is ... 'But why have children when you cannot afford to raise them?' Sadly those who

are most deprived emotionally 'need' more children and by virtue of their neediness and deprivation are also those with least resources to be able to care for those children.

This is not an area where 'blame' can or should be bandied about. It is often no more the 'fault' of the young mother for having children she must struggle to raise than it is the 'fault' of the children for coming into the world. If fault could be laid at anyone's door, then surely it should be at that of a society which allows children to be abused and brought up in a 'care' system which is anything but caring and where children are frequently further abused and deprived.

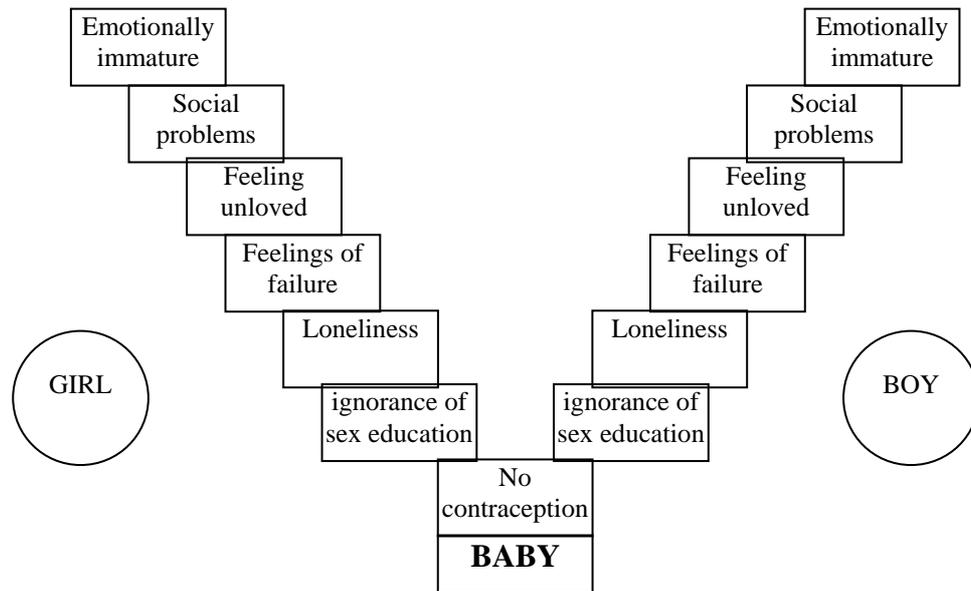
In the case of Kim she did not 'fail' us by having another pregnancy but perhaps we 'failed' her by not giving her enough - not filling her emotional void sufficiently to allow her to continue her life without the 'need' of another child.

\* \* \* \* \*

In "Are you my sister, Mummy?" we explored the question of why very young girls get pregnant anyway and came up with a multifactorial answer framed as *'the stairway to a baby'*.

Steps on the stairway represented physical maturity in the context of emotional immaturity; deprivation and poor future prospects; experiences of failure and low self worth; loneliness and poor peer relationships; ignorance of the facts of life and contraception.

## *The Stairway to a Baby ....*



Similar factors ensure that young girls seldom stop at one pregnancy. The boost to self esteem which often results from pregnancy and the fulfilment of giving birth is perhaps the most important factor ensuring that girls with little else in their lives to value will continue to have one child after another.

There are many 'logical' reasons why young girls should have more or less children than 'average' which are cited by the 'knowledgeable'. Each could contain a grain of truth, but logic hardly ever figures in matters

which have a highly charged emotional component such as childbirth and family structure.

There are also an abundance of preconceived ideas and ‘pseudo reasons’ which emerge from time to time in the media. Unfortunately it is often that ‘grain of truth’ which can give credence and respectability to even the most outrageous statements.

Generalisations are made stemming from a cursory view of the most extreme or most disturbed young parents which are then falsely and unfairly applied to give an over pessimistic and prejudicial view of young families in general.

Examples of frequently expressed ‘logical’ reasons for having :-

More Children	Less Children
Young girls are more fertile.	Young girls are less fertile because of higher risk of genital infections.
Longer child bearing time - start early - finish late.	Little support in raising a child.
Not using contraception.	Boyfriend not on scene.
Want to get a council flat.	Poor housing and overcrowding.
Motivation to have more babies.	Lack of financial support.
Family pattern - big families.	Majority do not have family pattern.
Need fulfilling through a baby.	Not enough love to go round - ‘needy mother’ not fulfilled enough to give.
Self esteem needs a boost.	Self esteem depressed by hardship
Multiple partners - need to ‘give’ new partner a child.	Abusive men may put girl off sexual relationship.

### **Is it because they start their periods early?**

The average timing of the first period in this group of young mothers was not significantly different from the population average of 12.5 years, and thus this fact in itself was not significant in determining the overall fertility in comparison to the general population. However, these girls did become pregnant more or less as soon as they were capable of doing so -

right at the beginning of their fertility span they thus potentially have a longer child bearing period in their lives than the older mother.

### **Do they not use contraceptives?**

With regard to contraceptive use, this population group are notoriously poor users of contraceptives. This has been shown over again in a number of studies (see “Are you my sister, Mummy?”). Generally in the original part of this survey there were low levels of contraceptive use and a high failure rate.

Two thirds of the girls did use some form of contraception after having their first babies, half of whom used the pill, but throughout the study less than half the girls were using contraception at any one time. Of course this low rate does relate to the high numbers who were pregnant at each follow up stage.

Only a quarter of the girls pregnant only once used contraceptives and this related to the fact that a number of the girls who had one time pregnancies were not in regular relationships. As discussed elsewhere, it is not so much a matter of availability of contraception or knowledge of contraceptive practices which is the salient factor here - but rather the motivation to use birth control which is often lacking.

The conflicting interpretations of the significance of the above table of ‘reasons’ for repeated pregnancies - and other similar statements underlines the need not to regard young mothers as a homogenous group but to treat young parents as individuals.

The same proviso applies to statements and theories regarding risk taking in young parents.

### **Is this a ‘risk taking’ behaviour.?**

It has become somewhat fashionable to assign all troublesome teenage behaviour as ‘risk taking’. Naturally young people take risks - they experiment with life and push out the boundaries of their lives. Young people from more emotionally deprived backgrounds have no ‘safe base’ from which to ‘safely’ explore their environment and experiment without putting themselves at too great a risk of harm.

We can perhaps attempt to distinguish between healthy and unhealthy 'risk taking' and it has been suggested that having a good relationship with your parents and a good attachment to your family can reduce the degree of 'unhealthy' risk and also perhaps delay the onset of risk taking. The suggestion is that the earlier the risk taking behaviour comes into play - the more damaging it is likely to be (Turner et. al. 93; Shafer et al 84; Magnussen 85).

It has been demonstrated that 'risk behaviours' are linked - in that if young people smoke, take drugs, get involved in crime and generally put themselves at risk - then they are likely to be involved in multiple types of risk and are likely to be involved in 'risk taking' in terms of sex (Irwin and Millstein 86; Stuart-Smith 96; Zabin 86).

"There is an emerging consensus that all risk taking behaviours during the second decade of life can be seen as driven by similar mechanisms." However .... "It is naive .. to think that they can prevent all risk taking behaviours during adolescence since many of these behaviours are normal adult behaviours" (Irwin 89a; 89b).

Encompassing all teenage sex as 'risk taking' behaviour is to take far too simplistic a view. In our sample of young mothers - back in their teens only five percent had used drugs; ten percent drank alcohol - smoking was higher at forty percent, but it was the older girls who smoked - the late fifteen, sixteen year olds. For the very young girls early sex on the whole was certainly not part of a wider 'risk taking' exercise.

Perhaps in fifteen years the scenario may have changed - certainly more girls smoke - but the general climate of our society has changed - more young women smoke .. more older women smoke - again it is not linked to sex in a 'risk taking' scenario.

Drug taking is not a 'normal' human activity .. neither on a lesser level is smoking, drinking alcohol, driving fast cars ... or many of the other 'risk behaviours'. Sexual maturation and sexual activity however is a natural activity and the essence perhaps of adolescent development is the attainment of full sexual maturity. Just as with any other form of maturation and development some develop faster than others.

Without wishing to minimise the attendant health problems and emotional stresses of premature sexual activity - we do need to look at the subject in perspective. Early sex can be as a result of sexual abuse or

indeed stem from the self harming and self loathing sequelae of a physically or emotionally abusive childhood. ... It need not be.

It has been estimated that around 20% of British teenage girls have sex before their sixteenth birthdays (Wellings 94) . With figures running at this kind of level - it is hard to see under age sex as grossly deviant. Just as we need to look at 'healthy' versus 'non healthy' risk taking - perhaps we need to think of 'healthy' versus 'non healthy' sex.

The degree of sexual experience and the reasons for early sex differ between the sexes. For example a study in the USA found that probably around eight percent of girls have had sex under the age of fourteen whereas 35% of their male classmates had similar experience. (Millstein et al 92).

In many ways it does seem that the 'risk taking' element of sexual activity is more prevalent in the young male than in the young female. We saw that in the teenage mothers and we are seeing it again in their offspring. In general , albeit subconsciously, young girls want babies to love them - they want to be fulfilled in pregnancy - this is not a 'risk taking' stance. Whereas young men want to reassure themselves of their potency, their 'maleness' - this does fit with the 'risk taker'.

That early sexual experimentation and fatherhood is more of a deviance in males has been suggested by others - "A history of having been involved in a pregnancy clustered with other health risks and problem behaviours to form a 'risk behaviour syndrome'. These findings suggest that when risk behaviours are encountered during the routine comprehensive screening of male adolescents, strategies for pregnancy prevention among young men should also be emphasised." (Spingarn and DuRant 1996) ... and "... additional attention should be paid to the high risk sub-population of unwed fathers who engage in maladaptive behaviours because of the potential sequelae for mother , child and father himself." (Elster 87)

We should of course not forget the young man who does want to be a father - as discussed above. and not lump all young men into the same category.

However if we are able to isolate a 'risk' - I would identify the deprived young man who has little fatherly guidance - who is experimenting and

risk taking and attempting to find out not only who he is , but how to be a man.

He is likely to have been raised in care or in a large family where he may be emotionally lost - when he meets up with a girl who is similarly deprived or is also in care - he will father her child but not have the personal resources to support her or the baby - leaving her more deprived by the process and ready to repeat her experience with another unsupportive and inadequate boy.

This scenario 'fits' in approximately one third of our cases. In terms of future care, it is highly important that these young men are somehow identified and supported before they reach this stage. We need to include fathers much more in our service planning “.. It is critical that the father not be excluded from the ongoing interaction between health care provider and mother if the child's socio-emotional and economic environment be optimised” (Zeltzer 89).

How do we do that? We have seen that from an early stage a multitude of influences moderate against the full inclusion of the father in pregnancy, child care and following support of their offspring and partner. Many do wish to be supportive - others do not. But for those who might have been, how do we stop them dropping out?

After all, as our first study showed, nearly forty five percent were still around at their child's second birthday. These forty five percent would have made a big difference if they could have been encouraged to stay part of their child's lives - why did another quarter, another twenty five percent, drop out by their child's teens?

It has been suggested that “ ... teen fathers, teen mothers and grandmothers differ in their perceptions of the teen father's involvement in child rearing. Mothers perceive paternal disinterest while fathers perceive maternal resistance to be key impediments to involvement. All agree on the importance of job opportunities ...” (Rhein et. al. 1996)

Again a 'social' solution is required - job opportunities - a future with some prospects of success. Again we are looking at similar preventive measures for the fathers as were put forward earlier for the mother. You cannot plan the future if you do not have a future worth investing in. If you do have a future concept which is worth investing in - then a child and family can fit into that plan.

Certainly job opportunities are important - but we need to go back a step and look at educational opportunities. Getting young men adequately educated, keeping them in school, investing them with better feelings regarding their own worth, their abilities and their potential in society. These ideals are so much more valuable than a job - and if you have them - the odds are that you will get a job anyway.

\* \* \* \* \*

## **Why do girls ‘repeat’ their pregnancy experiences?**

If bringing up a child is hard and girls are just coping with a baby - or two, or three - why have another? Why repeat the experience?

We have discussed the need that some girls have for ‘more children’ and the consideration that should be given to girls who merely want more babies - by choice. There remains however a group of girls who cannot say that the next baby is in any way ‘wanted’ but nevertheless they find themselves repeating old experiences - not really understanding ‘why?’ this is happening.

‘Why me?’ ... ‘How can this be happening to me?’ .. ‘How can one person have so much ‘bad luck’?’

\* \* \* \* \*

“Sometimes I get so depressed because I think - ‘it was all for nothing....’

I struggled to have the first two and I love them very deeply. We are really close. ... And then I got pregnant again ... and I didn’t want to get rid of the baby ... I hate that idea ... but I just knew I could not cope with three - it was just impossible .. I just knew it wouldn’t be right to try to struggle with them - the older two would suffer.

So I pulled myself together and had the abortion. I know it was the right thing at the time. Everyone said so. My Mum supported me and helped me through .. but the guilt was terrible.

Then I got pregnant again ... not right away because I had finally managed to get away from their father and his drugs and his beatings and all that . I was finally free .. so I thought.

Then this new bloke comes along and he seemed OK at first. I thought, 'Yes! ... The kids would get on well with him, they need a father'. But he turned out just like the first one .. and in the meantime I had his baby.

Of course I love my baby just as much as the others ... but it made me think 'What's the point?'. ... All that pain ....all that guilt ... and here I am with another baby anyway!...."

\* \* \* \* \*

We have considered how girls with multiple relationships can progress from one relationship to another and repeat the experience without seeming to 'learn' from the previous situation. How a high level of emotional flexibility and a kind of resilience can protect them from some of the knocks while 'enabling' further continuance of this inherently damaging pattern.

The same could be said of repeating the experience of pregnancy and childbirth - particularly if this is not an entirely 'wanted' process of events.

It is interesting also to look at this repetitive pattern of damage in terms of failure to 'work through' a painful experience.

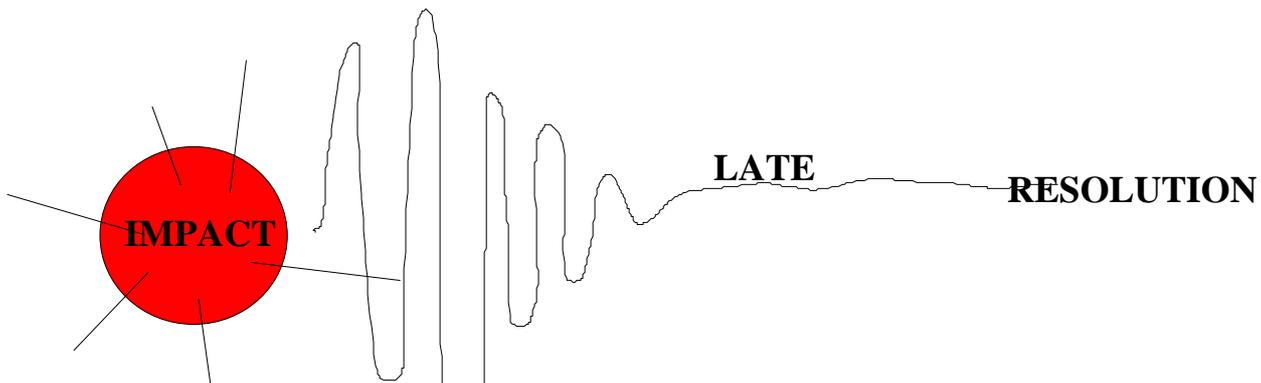
It is as if the girl enters into - or perhaps 'falls into' - the next scenario while she is still reeling from the first. Hence she has no time in which to 'lick her wounds' , take in the experience, learn from it and so modify her future reactions and involvements.

Let us consider what happens after a traumatic event.

The pattern of reaction to a trauma has been looked at by psychologists and psychiatrists most particularly in relation to post traumatic stress.

In general terms we have a situation where an initial 'impact' is followed by a strong reaction ... which gradually dampens with the passage of time and settles in resolution. In general terms that initial impact could be an assault, an abuse, an accident, a death etc. etc. In the present

circumstances with regard to our young mothers, it could be considered to be a conception, a pregnancy , a childbirth, or a partner leaving for example.



Another way of looking at it is in terms of the stages of 'recovery' from such a 'traumatic event' is followed by a strong reaction - the 'outcry' - which is often followed by a period of denial when we don't really want to deal with the situation and we would rather it 'went away'.

As the denial period progresses, the 'victim' is confronted by reminders which nudge reality back into the scene ... intrusive thoughts and memories of what has really happened stop us from continuing in the denial process.

**Progression of Recovery Process after Traumatic Event**

**EVENT ->**  
**OUTCRY ->**  
**DENIAL ->**  
**INTRUSION ->**  
**WORKING THROUGH->**  
**COMPLETION.**

Constant reminders and confrontation of denial allow a period of 'working through' to be entered into when we can come to terms with what has happened and this results in completion and acceptance of our situation. It is only by working through all these stages and arriving at

understanding, accepting and fully realising the situation we are in that we can stop it happening again.

... If of course, this is indeed what we would wish to do. Perhaps we should remind ourselves here that we are talking about undesired repetitions of pregnancy.

So how is the process applicable to repetition of pregnancy?

At each stage we could see how a girl could either 'work through' to the next stage ... or be blocked in the process. The 'blocks' can be derived from her social circumstances, by the presence of other types of emotional assaults or other traumas in her life or by the too rapid arrival of another man on the scene or another pregnancy. Basically she may not get time to deal with one stage and move on to the next before another 'trauma' raises it's head.

*Progression of Recovery Process after Unwanted Pregnancy*

**EVENT -> Conception / Birth**



**OUTCRY -> Fear / panic / anger / rage**

**DENIAL -> “This has not happened”  
“I’m not really a mother”  
“He won’t leave me”  
“Men don’t leave me holding the baby”**

**REPETITION <---- FAILURE To deal with denial.**



**INTRUSION -> Reminder. Baby crying...  
Changing nappies.  
“Yes, he did leave”**

**REPETITION <---- FAILURE to deal with intrusion.  
Mother takes over baby.  
Baby rejected / in care.**

**WORKING THROUGH->**

**COMPLETION -> Acceptance  
“Yes, I’m a mother”.  
“Yes, he did leave”.  
“I’m raising this child alone”.**

Any of such influences will arrest the recovery process and in fact send her 'back to square one'. Each time she is sent back to 'Go' she will find it that much harder to stay on the path and will experience repeated re-experiences of the same harmful route - she is as if trapped in a mad game of 'Monopoly' never able to throw the right dice to get her 'out of jail'.

\* \* \* \* \*

Again we must return to the concept of the 'individuality' of motivations and life paths for young parents - Teenage parenthood is a condition which must be seen against the backdrop of the girls personal, family and social environment.

Overwhelmingly the motivation behind repeat pregnancies is linked to the need to boost self worth and identify with the 'ideal mother'. This is discussed elsewhere.

In addition for the young girl who has been deprived of love and affection in childhood there is both a craving need for love from each new baby and the possibility with each new pregnancy of identifying with that new child within and caring for the deprived 'inner child' who is brought to concrete reality in the form of the developing foetus.

And as each new baby is added to the family a situation develops whereby a band of needy children cling together each supporting the other without a clear parent figure. Like a female led version of the fictional family of 'lost boys' led by the perpetual child , Peter Pan.

\* \* \* \* \*

## The Self Esteem Study

The self esteem study formed part of the early follow up of girls in our longitudinal survey. The following is an account of the study findings as it concerns school age pregnancy and sexuality.

Although this subject has been covered previously in the book 'Inner Worlds' - the findings regarding self worth and pregnancy and attendant discussion of the 'psyche' of the pregnant teenager is too important not to be included in this volume.

For a wider discussion of self worth in adolescence the reader is referred to the book 'Inner Worlds' (first edition under title 'Inner Worlds and Outer Challenges' - chapter title - 'The Challenge to Self Worth').

\* \* \* \* \*

Self worth cannot be regarded as a static measurement. We are not born, go through the trials of life and go to the grave carrying the label of our self esteem score.

Hence the effect of self esteem on our behaviour and vice versa has to be seen as a dynamic interaction -

- What level of self worth would we expect to see in a given situation -
- Why are we seeing deviations from that mean?
- What influences the relationship between self worth and life experiences?
- Why do our attitudes to situations and our view of ourselves alter at various times?

If we are to regard self worth - or self esteem as a dynamic characteristic influenced by life experiences - then logically it must be influenced by what must be one of the most important - if not *the* most important - of life's experiences - that of having a child.

To continue the argument - early child birth which most would acknowledge as being more 'troublesome' or intrusive on one's life events must surely have profound influence on self esteem. The way we see ourselves after we have given birth for the first time must be surely radically different from the way we perceive ourselves prior to this 'monumental' event.

Let us consider a schoolgirl mother -

\* \* \* \* \*

Carol was 15 and should have been at school, instead she truanted, met a boy as lonely as herself and became pregnant. He was also 15, rejected by his adoptive parents and gave up on school, he was sometimes violent towards her.

For the first four months, neither of them realised what had happened, Carol tried to ignore her missed periods. Then she discovered she was pregnant and in a panic they fled to sleep rough in a seaside town. The police picked them up five days later and returned Carol home. Her boyfriend left the scene after her parents told him he was not welcome.

The birth was traumatic, staff at the hospital were unsympathetic and overtly hostile on the postnatal ward. Carol was given no help to breast feed the baby. She returned home in tears and has remained in her parents home caring for her baby and going out only to give her son some air.

Two years later, she is lonely and depressed and acknowledges that she felt sorry for her boyfriend and tried to give him the affection she had lacked, while also fulfilling her need for love. Instead he mistreated her and then deserted her. The baby whom she also thought would bring her love and ensure her boyfriend's fidelity, is needy himself and has trapped her in her loneliness.

\* \* \* \* \*

It will come as no surprise to hear that Carol, a young mother, had a low opinion of herself and scored at a very low level on a self esteem scale.

However, in contrast, let us consider Karen. .... A *pregnant* schoolgirl -

\* \* \* \* \*

Karen, pregnant at 14 by a boy three years older, was abused and rejected by her mother who placed her in a children's home at the age of two. Her half sister, though four years older, is tiny and underdeveloped, she looks 12 years old and is regarded as the baby of the family, she never knew her father and was the most abused member of the family.

Karen has two asthmatic brothers, one a year younger and one a year older than herself who joined her in the children's home. Her mother's third liaison produced two children, a half sister who died at four months of possible suffocation and a half brother four years younger now in residential school.

She recalls that the staff in the children's home smacked her frequently but that her father appeared not to know about this. He visited sometimes but 'didn't know what to do'. Six years later father took the children to live with him and his girlfriends who mistreated them. Karen was allocated a social worker but when she visits she only speaks to father's new girlfriend and 'cuts Karen out'.

Asked if she felt angry or upset about the way her parents treated her she said "No, my Dad, he tried his best to get us out of there. He was the only one who cared about us, my Mum she just gave up".

Karen has known her boyfriend four years and had unprotected sex for one year before falling pregnant. She states that he will get a house soon - he is unemployed but has 'had an interview'.

On questioning she said "I suppose he might be scared because at first he said he wanted me to have an abortion, but he wants a baby now".

During her pregnancy Karen had been very hard pressed by a welfare worker who wanted her to have the baby adopted saying that Karen had no right to keep the baby when 'there are women out there who are desperate to have a baby of their own'. Karen remained very matter of fact about this woman, not expressing any understandable anger about

such remarks. When asked if she thought there may be some truth in the fact that she may have problems looking after her baby, like her mother had, she was quite clear that her baby would be spoiled and have the best attention.

Karen has so far been let down by every 'mother figure' in her life; her real mother, foster carer, father's girlfriends, social worker and welfare worker. Her elder sister could not fulfil the position of carer for her and needed care herself, the younger sister died. Karen is now determined to become a better mother than her own and at the same time, to be fulfilled from within, by becoming a mother.

The boyfriend's idea of abortion and the welfare worker's plea for adoption of the baby were so counter to Karen's emotional needs - to not give up her child (as mother had) and to not let her baby die (as mother had) that they could hardly be acknowledged.

Future disappointment may stem from Karen's experience that all men in her life have been weak and unable to help her - father 'could not do anything' to get her out of the children's home, step fathers left, brothers were asthmatic - the odds are that her boyfriend will not be the pillar of strength that she envisages.

\* \* \* \* \*

A tragic tale ... In many ways similar to Carol's story ...

But pregnant Karen felt good about herself, she showed very little emotion in describing her situation and her statements were devoid of any negative comment on herself or others. She scored a high self esteem score .....

What does this mean?

What is self esteem? For a full discussion of this topic I refer the reader to 'Inner Worlds' ("The challenge to self worth").

In my opinion, the most useful observation to consider in the evaluation of self esteem in adolescence was written a century ago - 'James Law' (1890) states that self esteem is success related to pretensions - in that -

*".. we have the paradox of a man shamed to death because he is only the second pugilist or the second oarsman in the world. That he is able to beat the whole population of the globe minus one is nothing; he has pitted himself to beat that one and as long as he doesn't do that, nothing else counts..".*

In other words, self esteem relates to the individuals personal values and not necessarily to those of his peers, his doctors or his teachers. This aspect provides insight into one of the flaws frequently found in measuring scales - the confusion of descriptive statements about self with self esteem.

For instance - " 'I am good at maths' being presumed to be something valued by the respondent ..... positive correlations between self esteem and educational performance are likely to be found only in populations in which that self esteem is bound up with aspirations for achievement. There are no a priori reasons why academic achievements or anything else, should be of value to all pupils". (Robinson 1989; Brookover 1967).

If indeed self esteem is dependant on a personal value system, presumably a change in self esteem may be achieved by altering these values, rather than by changing one's position within the existing hierarchy. In other words, if you lower your expectations, you can fulfil them more easily without having to improve your achievements.

This mechanism appears to be operational in schools where teenagers who have been used to 'failing' academically form a 'counter culture' of academic incompetence within whose inverted value system they can succeed and constitute a model for younger pupils (Cohen 1955; Berger and Luckman 1966; Hargreaves 1967; Lacey 1970; Ball 1982).

Hence self esteem can be boosted by changing how you view yourself within a given value system - or by changing the value system altogether. If you are not measuring up in one club - then join another or form your own. Teenage 'gang' culture, delinquency and 'drop outs' can all be manifestations of this process. Some young people 'use' sexual experiences and fantasies to boost self worth. In so doing, some girls become pregnant, but there are other factors involved in the significance of pregnancy as we will discuss further.

Schoolgirls who become pregnant have been shown to have experiences of academic failure and in becoming young mothers they could be seen as 'finding and accepting alternative dimensions of value' - as Robinson describes failing pupils attempts to repair self esteem - and establishing or joining a 'counter culture' of schoolgirl mothers.

This view is strengthened by the frequent observations of 'clustering' of cases of pregnancy at particular times in specific schools when girls seem to want to 'join the club'.

It was also noted in the early part of our longitudinal survey that many girls appeared to use their pregnancies as a source of self worth, seemed fulfilled and happy during and soon after the pregnancy and appeared temporarily to do better in their individual tuition than they had done at school ("Are you my sister, Mummy?" 1987).

So how could the mechanism by which girls seem to derive self worth from pregnancy be investigated further?

What are the hazards and benefits of early sexual experience and pregnancy to the adolescent psyche?

\* \* \* \* \*

In order to test out ideas about self esteem and to explore the relationship between ideas of self and sexuality, a research model was tried out comparing a control group (secondary school age girls aged 12-15 recruited at a routine health check), a group of pregnant schoolgirls (aged 13-15) and a group of young mothers (i.e. former pregnant schoolgirls aged 16-21 with children at least two years old).

This was first piloted on a small group (Birch 1989) and subsequently expanded to include a larger sample (twenty in each subgroup) and a second control group (students aged 18-21) to eliminate age effects in comparing subgroups.

The findings were the same in both studies. Both control groups had identical scores and thus were eventually dealt with together.

The groups were investigated by -

- A self esteem measure,
- A 'deprivation score' looking at life experiences and
- A 'sexual' scale estimating degree of sexual experience or sexual trauma.

In the absence of an ideal test instrument, it was decided to use the Battle culture free self esteem scale. Choice was dictated by the need for a short form of scale which could be easily completed by teenagers, which did not need a long attention span and which would be appropriate to a multiethnic population.

As a secondary instrument interviews with the girls were taped with the view to analysing positive and negative statements about self.

The Battle self esteem scale consists of 30 questions and includes a five point lie scale and a maximum self esteem (SE) score of 25.

The deprivation scale (De) was devised specifically for the study and included 25 items known from previous studies to be of relevance in the social background of pregnant schoolgirls i.e. home life; housing and finance; personal and social; education and employment; self destructive behaviour and risk taking.

The eight point sexual history scale covered items of 'unfavourable' or 'undesirable sexual experiences' or possibly one could say 'harmful' sexual experience. It is important to distinguish these experiences from desired, protected sexual intercourse in over sixteen year olds or desired pregnancy in girls over the age of consent.

It would be quite wrong to equate 'normal' sexual experience or childbearing with poor self image, none of the items in the scale could ever be said to be desirable viz. - unprotected sex under 15, sexual abuse, violent sex, sexually transmitted disease, previous pregnancy under 15 etc. For a full description of all the test items, their significance and reasons for inclusion I refer the reader to the pilot study paper (Birch 1989).

The raw results of the study showed that the control group (C) had a mean self esteem score of 22, the pregnant schoolgirl group (P) had a mean of 20 (not significantly different) but the young mother group (previous pregnant schoolgirls) (M) had a significantly lower mean of 14.

Looking closer at the relationship between Controls and Pregnant group, the results show interesting features. The control group were high socio-economic class, high achieving 'public school' (public here is used in the British sense of the word - i.e. 'Public' = 'Private' school) girls with a more or less zero deprivation score whereas the pregnant group were deprived, anti school, low achieving pregnant girls of low socio-economic standing.

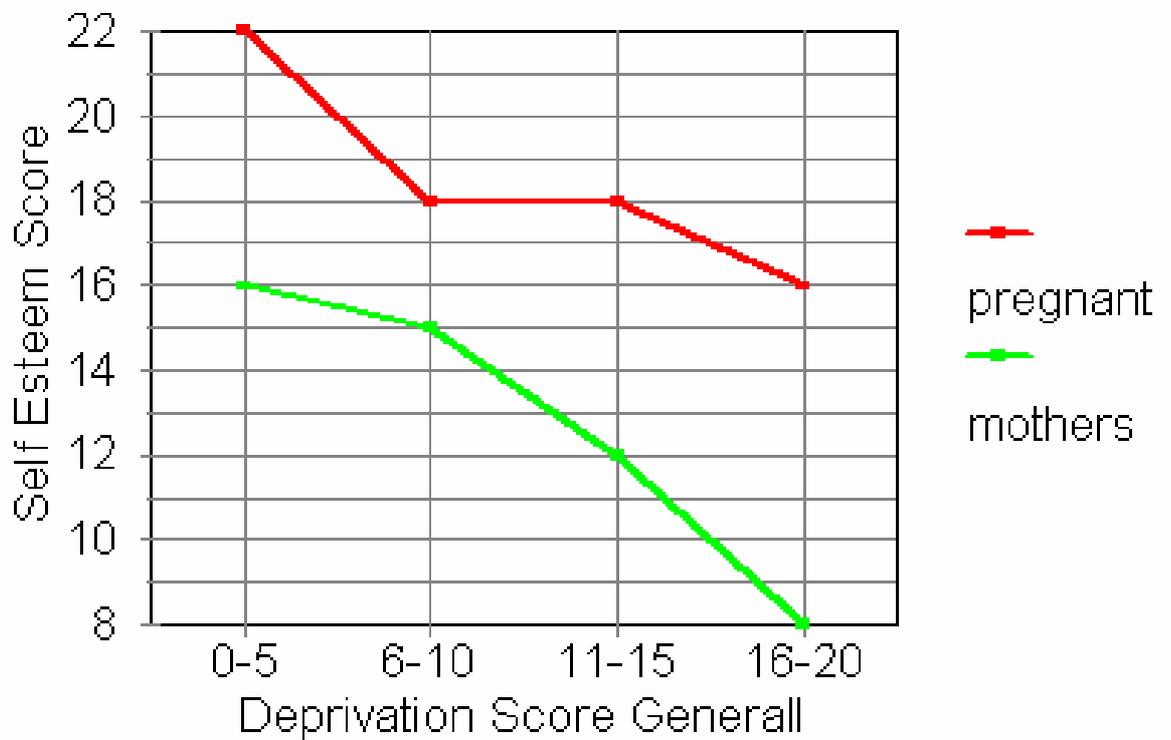
The largest self esteem study in this country (Robinson) on Avon school children has shown that as the last two school years approach (ages 15,16) the self esteem measures of anti school girls drop appreciably. So here we have a group of pregnant girls where this is not happening and who are scoring at the level of public school girls. Are they using pregnancy to restore their self worth?

Groups P and M were similar in all social variables, they were basically girls with the same type of backgrounds and problems but seen at different stages.

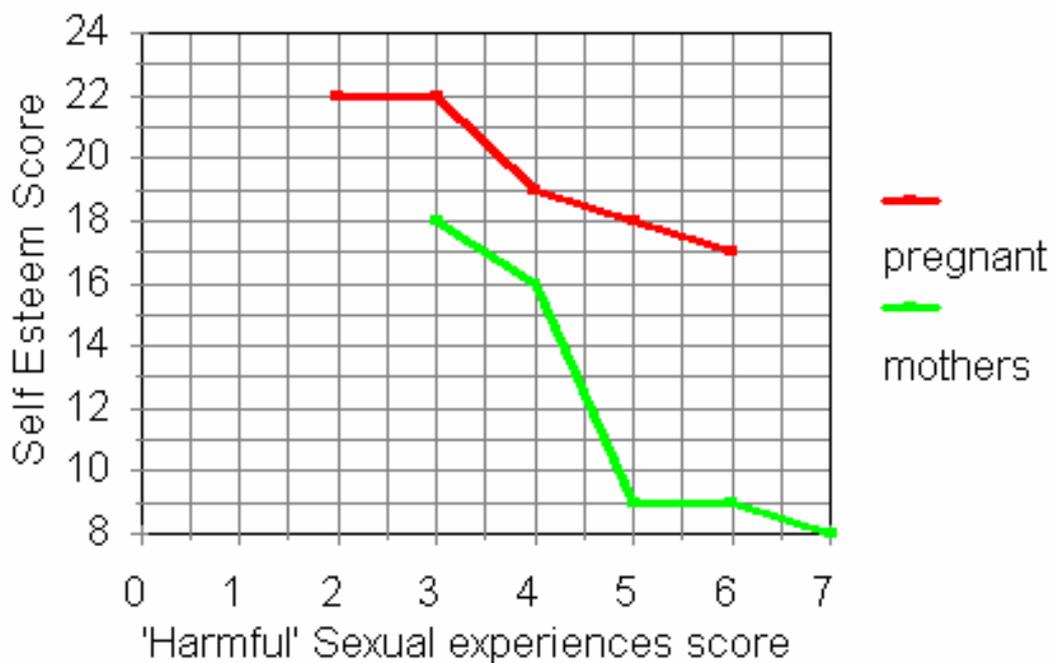
Why such difference in their self esteem scores?

Looking at levels of deprivation, girls who were more deprived, had lower self esteem but those who were pregnant were less affected by these adverse factors.

## Deprivation and Self Esteem



## Sexual Experiences and Self Worth



Similarly those with adverse sexual experiences were generally more deprived and had lower self esteem measures. Again the pregnant girls were less affected by such influences than their older counterparts.

The 'harmful assaults' to self worth occasioned by undesirable sexual experiences appear to be diminished by a current pregnancy although this effect diminishes as the degree of 'harmful' sexual experience increases.

Possibly this indicates that the search for self worth through sexual experience may lead to disillusionment which renders this avenue of approach less efficacious as time goes on.

What of the analysis of the taped interviews?

We began this discussion by looking at two cases - Carol and Karen and noted that pregnant Karen showed none of the possibly expected negative emotions and in fact little affect at all. This was a common situation rendering the interviews pretty useless in assessing self worth - however this negativity itself is a useful source of information.

If girls were using their bodies in getting pregnant rather than using their minds to think and feel about their situations, then perhaps this would be apparent in a short psychodynamic assessment of the interviews.

Let us look at another 'pair' of girls (of course all names have been changed but one of our examples was actually called 'Lolita' - a perfect 'script' name!).

There are obvious contrasts in the girls attitude to their situations.

A schoolgirl mother -

\* \* \* \* \*

Linda, aged just 17, looks at least 25. She is grossly obese, has dyed, unkempt, straw coloured hair. Three years ago, when she became pregnant at 14, she was a slight, dark haired and reasonably attractive girl.

Her pregnancy was the result of a seduction by a Moroccan 'fence' eight years her senior who married her on her sixteenth birthday to avoid deportation - the marriage lasted three months. She had met him on the one occasion that she managed to get out and have a night out at a club with a friend.

Her mother hardly ever let her out of her sight and had kept her away from school for two years. She refused to allow Linda home tuition.

Her only brother, two years her senior, is a haemophiliac and HIV positive. He also opted out of school and mother says he cannot get a job in case people find out and hound him. He spends all day in his room playing computer games.

Mother helps look after Linda's two year old daughter but insists Linda stay at home 'because of the baby'. She does not go out to work but spends most of the day at home with her 'trapped' son and daughter. Mother is a very powerful woman whose presence in the home is tangibly omnipotent.

Linda is able to admit that she feels depressed often, she feels she has made a lot of mistakes and also feels let down and angry towards her ex husband, she feels used. She finds it harder to acknowledge her guilt and anger towards herself but thinks her weight and not going out is related to her not liking herself very much.

I felt she was using these as defence against meeting another man who may abuse her again. She feels a hopelessness in the fact that 'men are weak and leave you' - like her father did and as her husband confirmed; or 'are too ill to help you' - like brother; with the net result that .... 'you are left at home to keep things together'.

SE score 10

\* \* \* \* \*

Linda scores low on the self esteem scale, she feels bad about herself and is able to express her negative emotions. Contrast the emotional cut off expressed by pregnant Sarah who looks at her chaotic world through 'rose coloured glasses' -

A pregnant schoolgirl -

\* \* \* \* \*

Sarah was 14 when she got pregnant. She was living with her mother, aged 45, her sisters aged 30 and 26 and a step father who had joined the family when she was one year old.

Telling her mother that she was pregnant resulted in her discovering that she was in fact her sister's child; her 'stepfather', who had been ill with cancer, died during her pregnancy and 'mother' (grandmother) became agoraphobic. Sarah now attends the same special teaching unit as her own mother did. Her boyfriend stopped seeing her when she got pregnant.

During interview she related her story in a pleasant matter of fact way showing no real emotion. Some of her statements were however revealing. Asked how having a young baby might affect her she said -

"Well, I reckon it's not as bad as what people say about it getting you down, 'cos if you want to go out, ... you goes out"

"Will your Mum (gran) mind looking after the baby if you go out?"

"No, she can't go out anyway, can she?"

"Do you feel let down by your boyfriend?"

"No, he did me a favour, getting pregnant. First time round, I just didn't think it would happen, but he did me a favour".

There are many parallels between Linda and Sarah's stories, both became pregnant 'first time round' by boys who then deserted them. However Sarah managed to 'dump' her anger, and her baby, on her 'mother' who became trapped at home caring for the third generation of offspring.

Sarah's 'mother' (grandmother) appears to be using her agoraphobia as a means of coping with and denying her granddaughter's attack upon her, and at the same time her behaviour is reminiscent of Bandler's (1948) description of an agoraphobic girl who avoided sexual encounters in this way. Thus she could be interpreted as acting 'by proxy' to 'keep her daughters chaste'.

Meanwhile Sarah is denying her feelings of anger and rejection. In reality Sarah has been let down and rejected by her natural mother who allowed her to be adopted (albeit by her grandmother), her grandparents who did not tell her the truth of her origins, her 'stepfather' who died and her boyfriend who left her.

A hint of the underlying feelings was given by Sarah's answer to my question of why did she think her 'mother' had not made sure that she knew about contraception and helped her not to repeat her own daughter's mistakes -

Sarah laughed and said "Well, she got it all wrong, didn't she?".

SE score 22 (high).

\* \* \* \* \*

Thus it would seem that pregnancy partially protects the individual from threats to self worth but that this effect is only temporary.

By the time the child is two years old (probably sooner) the harsh realities of life seem to be taking their toll once more. The temporary nature of this boost to self esteem probably accounts for some of the frequent cases of repeat pregnancy, in an attempt to re-establish identity with the counter culture and redefine alternative dimensions of value.

Of course the hormonal and physiological changes of pregnancy must not be ignored. It has been suggested that there is a blocking of mourning during pregnancy (Emmanuel Lewis) so it is conceivable that the 'mourning' for an 'ideal self' which could underlie poor self worth may also be blocked.

'Blocking' of emotion is apparent in other ways (vide infra). Barlow (1968) noted that in pregnant inner city girls there was a lack of the normal fantasy about the baby in the third trimester. The mechanism of 'primary maternal preoccupation' - the normal mechanism whereby mothers have 'eyes only for their child' in the first few weeks or months after birth, could also account for some of the lack of negative feelings.

What is the influence of deprivation?

When we are looking at a deprived population, at young people living in difficult conditions, perhaps subject to abuse and other traumata, how can we isolate the effect of one factor from such a morass of detrimental features? Do adverse socio-economic and other features of deprivation, by causing a lowering of self esteem, cause increased pregnancy rates or are they independent variables?

What is the significance of early sexual relationships?

Why do girls with a low opinion of themselves seek out, consciously or unconsciously a relationship where they experience sexual involvement which they are unprepared for?

Psychosexual development, lack of abstract thinking, the inability to perceive oneself as a sexual being and to be responsible for one's actions, and the teenagers' belief systems, external locus of control and inability to plan their own futures have been discussed elsewhere. ("Are you my sister, Mummy?" ; "Teenage belief systems" Birch) In this respect, some of the motivation or 'sexual decision making' is actually NOT making decisions - splitting, cutting off and being fatalistically pushed or pulled into relationships.

In some ways the fatalistic attitude and 'magical beliefs' such as the 'autonomous womb' concept (Birch 1988), whereby the womb is beyond conscious control and just 'gets pregnant', can be regarded as a 'part-object' use of the sexual organs, comparable with " .. the man's penis seems independent of his will" (Krut Tabin).

It is also important to consider motivation in terms of the relationship between the young girl and her boyfriend in that 'it takes two baby ... it takes two baby ... me and you!' and one can no more regard the 'baby father' as 'just a penis', than regard the young mother as 'just a womb'.

Virginia Satir in "Conjoint Family Therapy" devotes a whole chapter to 'Low self esteem and mate selection' - although she is primarily writing about marriage partners, her ideas are none the less applicable to the 'selection' of a 'mate' for a teenager and the sort of difficulties that young people may find themselves in when establishing relationships, however transient, with the opposite sex. These factors become even more

important when the relationship results in the birth of an infant. Her premise is that those whose opinion of themselves is poor are dependant on what others think of them and present a 'false self' to the world.

The false self is based upon identifying similar aspects in others and thus giving others the impression they want to have. Thus those with low self esteem are likely to form relationships with others having low self worth.

*"Each partner is deceived by the psychological defences of the other - that is by the false self the other presents to the world. At the same time each has fears of disappointment and difficulty in trusting others, including of course their respective mates". (Barker 1981)*

Such a relationship, a meeting of two 'false selves' can result in neither partner having their emotional needs met by the relationship, indeed both will be unable to communicate their emotional needs to the other. In order to achieve this communication a certain maturity is required.

Satir described eight attributes of mature people which are necessary in order to achieve communication and fulfilment of emotional needs and which she believed could be enhanced in therapy. These attributes have all at some stage been described as wanting in adolescence and particularly in those teenagers who experiment in sexual activity at an early age and who, when pregnant, keep the baby.

The eight attributes are -

1. Fully in charge of their own selves;
2. Able to make decisions, based on accurate perception of self, others and in social context;
3. Able to acknowledge these choices and decisions as their own;
4. Able to accept responsibility for their outcome;
5. In touch with their own feelings;
6. Able to communicate clearly with others;
7. Able to accept others as different from themselves;

## 8. Willing to see such differences as a chance to learn, not as threats.

Those with low self esteem have remained at a stage prior to internalisation when self worth is dependant on outside opinion, in other words, relationships are formed with others who are seen as a source of self esteem.

A low self worth can arise when early experiences leave an individual with exaggerated feelings of inadequacy, hostility and destructiveness (Dominian 1968) - certainly the case for young people seduced or forced into situations beyond their control, those who are exploited and sexually abused, those who have endured the 'harmful' sexual experiences we have discussed.

A partner can be chosen for their imagined ability to 'make them good' (Lieberman "Forging a Marital Bond".) - the same can perhaps be said of the baby in early motherhood, who is also expected to 'make things good'.

Many adults in present society never reach the stage of fulfilling Satir's eight attributes of maturity, certainly most of the very young schoolgirls who 'decide' to keep their babies, viewing the world through an optimistic mist, have scarcely reached the stage of fulfilling even one.

- Contrast the following conversation with Charmaine who was able to make a mature decision regarding her pregnancy - ("Are you my sister, Mummy" Birch 1987). In this case she decided to have an abortion, the decision itself is relatively unimportant, it is the reasoning which shows her maturity.

\* \* \* \* \*

Charmaine's older sister was typical of the young girl who becomes pregnant at a stage when she is physically developed but emotionally immature. She became pregnant at 16 and left school to have her baby. There was no question of her having an abortion.

The situation was very different for Charmaine herself and when she became pregnant at 15 she decide she must have an abortion. She acknowledged that the decision was her responsibility alone and bravely waited until her sixteenth birthday before seeing a doctor.

" ... you see, it's different for me. I've got responsibilities. My sister's got her baby and we all love her. It was the right thing for her to keep her baby. My mum never expected anything more of her, she wasn't very good at school or anything and she wouldn't have got a job.

I'm different, everyone has always had high hopes for me. I've done well at school, I've got the promise of a job. If I had a baby now, I'd be letting them all down, my mum, my brothers and sisters, my teachers .. everyone.

And I'll let myself down. Later on I'd never forgive myself and I'd blame the baby. I might end up taking it out on the poor baby and that would be terrible because it wouldn't be it's fault.

I wish I could have gone to a family planning clinic. I would have had the pill but I didn't want my mum to know. I didn't want to hurt her, knowing I was sleeping with my boyfriend, she would have felt let down. I couldn't go on my own because I wasn't 16.

I wish I didn't have to have an abortion, I don't like the idea at all, but I know it's the right thing for me ..."

\* \* \* \* \*

A certain maturity of abstract thinking and an ability to plan for the future is required in order to plan whether or not to become a mother.

Why does it seem that pregnancy is such a potent source of self value?

*" ... Seen from the young girl's viewpoint, pregnancy may not be so undesirable. Certainly it brings heartache and hardship, the extent of which should not be underestimated, but for underprivileged girls with little education and non existent job prospects, motherhood is a fulfilment.*

*With the birth of her baby a 'failed' school drop out, an unemployable misfit, becomes an acceptable member of society with a valued role - that of a mother. She is successful and out of her loveless world she has created her own baby who will love her."*

(Birch 1989 "Progress in Obstetrics and Gynaecology - vol. 7").

Why specifically is pregnancy used as a source of self value in deprived young girls rather than some other form of 'deviation' or non compliance with the norm of our society?

*“The task a woman has to accomplish in pregnancy and motherhood is to integrate reality with fantasy, hopes and daydreams. She has, in addition, for the first time to meet the demands of a helpless dependent creature who represents strongly cathected areas of self and non self and many past conflictual relationships. This task may prove overwhelming, especially in the case of a very young inexperienced woman.”*

(Pines 1993)

It certainly seems to be a rather drastic way of coping with life's problems since *“... changes in the body and mental representations of self, object and object relationships are bound to alter forever the pregnant woman's view of herself”* (Pines 1972). Perhaps that is the point - she needs to 'alter forever' her view of herself?

Of course one can cite the usual social arguments relating to family patterns of early childbearing, allegiance to the idea of the 'value' of motherhood, the 'Madonna' image and identification with the counterculture of a particular teenage value system.

Another way of looking at this may be the application of the idea of 'container and contained' (Bion 1970). It could be argued that while the pregnant girl is demonstrably, physically the 'container' of the 'contained' baby or foetus, she is at the same time identifying with the baby to such an extent that she has become the 'contained'.

It is this containment which is sought by the child/mother who has lacked support, love and containment from her own mother and who is in turn depriving her own child of this 'containment' by usurping his or her position in the womb. In so doing the girl who has not been cared for and loved as a child is 'using' her own body as a means to once more 'become' a baby - to regain an infantile position in the hope that 'this time mum will love me'.

In our deprived teenage mother or girl living in a world of abuse or 'survival sex'- there is a primary need for recognition and love from mother and father which remained unfulfilled in childhood.

The search for consistent affection via sexual encounters engenders a hope of -

*".. symbolic fusion with mother, or more precisely with mother's breast and all it's inherent nourishing qualities"*

- a hope which is dashed since this fusion is never found.

*"...the reassurance they need is not available from the outside so they try vicariously to manufacture it from within by means of pregnancy fantasies".*

These fantasies become concretised in real conceptions.

*".. when insecure about their femininity they feel no longer able to fantasise about symbolisms attached to inner space; instead they use their bodies in a concrete way and become pregnant."*

(Welldon "Mother, Madonna, Whore" 1988)

A clue to the mechanisms underlying the 'use' of pregnancy as a protector of self esteem lies in the part of the study which appeared to give no results. Attempts to score the recorded interviews with pregnant girls proved difficult in that statements were overwhelmingly recorded as 'neutral'. Girls remarks about their pregnancies and about themselves were devoid of emotion.

As one pastoral care worker remarked on watching one of my videotaped sessions - "How can they sit and talk about all these awful things that have happened to them, having babies at 14, their boyfriends leaving them, problems at home, being thrown out of school, and just talking as if they were reading a shopping list!" This impression is quite forcibly conveyed by the clinical descriptions.

It appeared that these girls were, in their pregnancies, 'acting' in relation to their circumstances rather than maintaining a capacity to think and feel. In this sense, promiscuity and early pregnancy has been described as 'acting out' by authors who take the broader view of this term and thus include all manner of 'delinquent' behaviours (Bellack 1965).

I would disagree with this definition in that these girls are in general not promiscuous or 'delinquent' in the usual sense of the terms - they are seeking pregnancy rather than sex and thus differ from the hysteric's view of sexuality that "What I needed was to be loved and all I got out of it is to be whored" (Masud Khan "Hidden selves" 1983). They do not become 'whored' they become 'mothered'.

Nevertheless girls were 'concretising' their emotions in the act of getting pregnant. Their feelings and thoughts were projected into an idealised 'self' - embodying their ideal of motherhood - and while they could hold on to their ideal self and identify with it, they could feel good about themselves.

*"...in becoming a mother herself a process of identification with an 'ideal' mother occurs ... the birth of this baby made her feel wanted from within .. despite their emotional deprivation and their inability to form a female ego-ideal, some of these women have achieved the creation of a maternal ego-ideal" (Wellsdon)*

In other words deprived girls may be able to identify with an ego-ideal or ideal self *as mothers* but not as young women or adolescents. They can build up a picture of an ideal mother rather than an ideal woman.

This image is enhanced because they often feel that their own mothers have neglected them, have failed them in some way and are far from the 'perfect mother', they have a very good model for the 'not perfect mother' the mother they do not want to be, the mother they want to be 'better than'. Thus success means being better than mother - the ideal self is the perfect mother.

The problem is that this 'ideal self' is a false self and their mechanism for feeling good about themselves is a false solution which evaporates all too quickly as the harsh realities of their lives, often exacerbated by the birth of a child, become once more self evident.

Here lies the message of the study.

Pregnancy can be used by some deprived girls as a source of self worth and as a false solution to their problems. That being so, an alternative solution must be offered.

These girls need an alternative source of self worth. They must be given a different way of valuing themselves in order to ensure that, when they become pregnant, this is because they desire parenthood with all its responsibilities, hardships and joys and not merely as the only perceived escape from a catalogue of problems.

\* \* \* \* \*

## **Pregnancy as a Maturation Experience.**

Leading on from our discussion of self worth and the manner in which young women with unfulfilling life experiences, with abusive childhoods and with poor future prospects can 'use' their pregnancies as a source of self worth .. it is worthwhile considering what else a pregnancy could contribute to the emotional changes and developments going on for that young woman in adolescence.

In "Are you my sister, Mummy?" I discussed the development of the adolescent in both physical and emotional terms and the way in which becoming a mother while the process of establishing a personal identity was taking place resulted in confusion between "Who am I?" and "Who are we?"

We have seen that the pregnant girl can identify with the foetus and concretise her experience of the 'inner child' in her developing baby and have discussed how this allows her another chance to be 'loved this time' by the 'ideal' mother.

It also results in a confusion between container and contained and thus confusion of the boundaries between the mother's 'self' and the baby's 'self' - preparing the ground for an overly symbiotic attachment and problems in separation and individuation. (see also "Bonds and Boundaries" Birch 1994)

Many of the theories and factors put forward above could be said to be negative and perhaps interfering with 'normal' maturation and development but are there aspects of childbearing for the young women that could be described as positive and beneficial?

If in pregnancy a young woman is identifying with - and almost becoming - the 'inner baby' - will the development of this inner baby allow for the re-experiencing of the same stages of development by the young mother? Just as she can be loved and wanted again as a 'new baby' - looking at the experience from a rather psychoanalytical point of view - can she have another chance at 'getting it right' for other emotional or 'psychic' aspects of her development?

Dinora Pines remarks - “ ... *It is striking that despite advances in contraception and the easy availability of termination of pregnancy, a considerable number of teenage girls still become pregnant and some become mothers. For many of them the normal developmental crises of puberty and adolescence, followed by that of first pregnancy and motherhood, facilitated further psychic growth ....*”

(Pines 1988)

Certainly there are situations where pregnancy does seem to afford an opportunity for ‘psychic growth’ , for maturation and personal development.

There are also unfortunately times where the ‘traumatic nature’ of the pregnancy and birth experience afford the opposite - where the experience can seem to “... revive primitive anxieties and conflicts ... which cause them to regress” (Pines 1988) and where the “... birth of a real baby may prove disastrous”. That is ‘real’ baby as opposed to ‘fantasy’ baby or ‘ideal’ baby.

So what makes the difference?

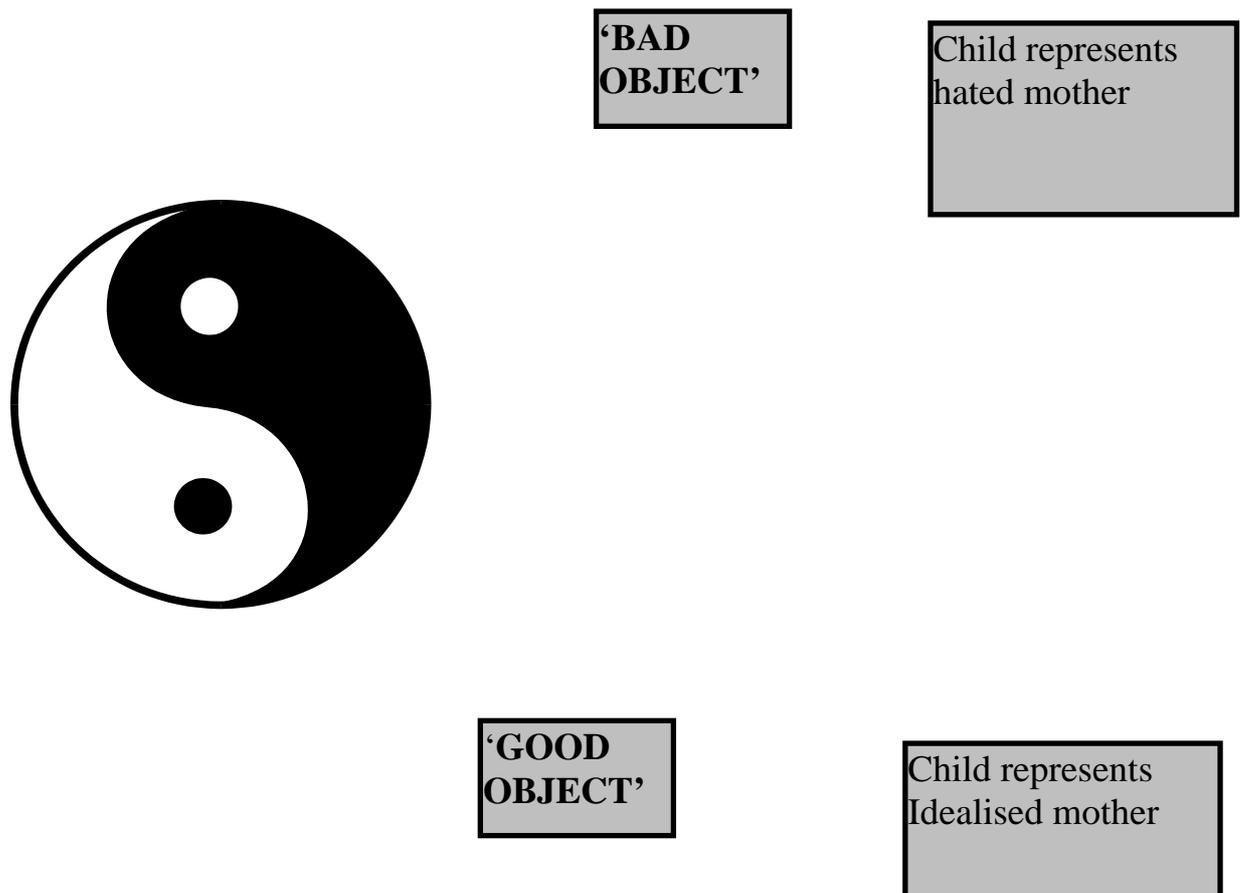
What turns the potentially positive experience of pregnancy and childbirth into a negative and vice versa?

The key to the question lies in the girl’s ‘object relations’ - in other words how she sees her self and the world around her - how she experienced her world and thus herself as a child. (If required - please see ‘Inner Worlds’ “Reflections” Birch 1996 - for basic explanation of object relations in this context.).

To very much oversimplify for the sake of this current discussion - Just as the young mother experiences some of her world as ‘good’ and some as ‘bad’ - she has in childhood internalised a view of her mother as the ‘good mother’ or the ‘bad mother’ and thus also a ‘good internal object’ and ‘bad internal object’.

If we develop the premise that the foetus is the ‘child within’ with which the mother identifies - then that inner child can be also be seen as ‘bad’ or ‘good’ depending on the expectant woman’s previous life experience.

The baby is an embodiment of the girl's 'object relations' and the conception can thus be the stage upon which the early drama which defined the nature of the 'internal objects' can be replayed .. and hopefully altered for the better.



If, as is hopefully most usual, the child represents the idealised mother - the child is the 'good object' ... but if the child represents the hated mother - the child becomes the 'bad object'.

In other words if the 'action replay' that we are allowed in identification with this developing 'new baby' evokes feelings of the existence of a perfect 'idealised mother' - then this experience will be positive and lead to growth and positive maturation and change.

If however the 'action replay' evokes the revival of memories of the neglectful and rejecting mother of say an abused girl - then the baby will be perceived as an unloving rejecting being who becomes unwanted, unlovable and rejected - the experience leads to regression and is more likely to lead to a need for further repetition ... another try .. another hope that it might be different .. might be better.

The way the pregnancy / birth experience is perceived will very much depend on how the mother herself is cared for during the pregnancy. If the young mother is being 'held' and cared for and nurtured during the pregnancy , the outcome is likely to be positive - if not - if the mother is not 'held' and cared for herself - perhaps boyfriend has left and she has no support - the outcome is likely to be negative. A vulnerable or fragile personality could break down completely under the 'assault' of a pregnancy experience.

Hence the experience might be summarised thus :-

- + **ve** Brings identification with unspoilt self / child ... care for neglected child -> Love and caring for baby.
- **ve** Brings identification with the 'unlovable' child -> projection of negative hostile feelings. - > Rage and jealousy of baby.

Throughout this discussion - we must maintain the concept in our minds that the vision of 'self' as experienced by the mother is completely wound up and inextricably linked with the vision of 'the object'. In other words the 'object' which is the mother and at the same time is the child is also the 'self'.

“The special task that has to be solved by pregnancy and becoming a mother lies within the sphere of distribution and shifts between the cathexis of self representation and object representation” (Bibring 1961)

Those mothers who are not 'held' during their pregnancies and who thus re-experience their childhood rejection through rejection of their pregnancies - may to some extent find that a therapy experience can put right some of those wrongs - In therapy for these girls - they need to find their 'ideal mothers' in the professional setting - in the transference - otherwise they will attempt to 'do it again' in a slightly different situation, with a different partner , with a different baby - in the hope that this will 'make them good'. Hence the 'repeaters'.

Perfect mothers are hard to find!

\* \* \* \* \*



## **Conclusions.**

At the end of the day - to some extent all I can do is to say 'This is the situation that I found among teenage mothers ...' In the main, I cannot say 'this situation is unique to schoolgirl mothers'. We do not know enough about some other sections of the community to be able to judge.

Yes, we can say that younger school age mums in general seem to have more children than the average for our population in England and Wales and make other similar statements. But in pinning down which aspect of teenage motherhood is due to the young age of the mother and what is due to other, perhaps linked parameters is harder to do and often impossible.

It goes without saying that the influence of the care system is pernicious and that young mothers who have been in care do worse than those who have not over a number of different dimensions. They have more children, they have more relationships, their relationships are less stable and more of their children end up in care themselves ...

But is this an influence of the care system alone - does being a young Mum who has been in care differ from being an older Mum who happens to have been in care?.

Would we notice such difficulties so much if we were not researching teenage pregnancy and if there were not so much attention on teenage parents - are teenage parents in fact scapegoated?

It is certainly my experience that older mums who have been through the care system do as badly - if not worse - than the teenage mums.

To some extent we are of course involved in a circular argument.

Girls and boys raised in deprived circumstances are more likely to end up in care and are thus further deprived by the experience. This statement is not a criticism of those who are valiantly struggling to do the best for children in their care ... it is a sad fact of life ...

Even in the *best* of children's homes they will lack the experience of good consistent parenting from their 'own' parent. In foster care or in adoptive circumstances they will also not be with their natural parents and however good the substitute parent, children carry with them the scars of their previous experiences - even though they might be too young to consciously remember them.

They will also wonder 'why' ... Why are they not with natural parents? ... What was it in them that failed? ... How could they have been so bad that their parents could not keep them? The burden of guilt can be immense.

For a child who was removed due to abuse - the situation can be even worse. The guilt magnified by vague memories of chastisement or pain in terms of ... I must have been really bad to have been treated like that ... so that must be why I am not with them now ...

These early emotional responses defy all 'logic' and can stubbornly resist the attempts of workers and therapists to 'put matters straight'. It is for this reason that any professional working with children and families needs to leave no stone unturned and no attempt unmade to rehabilitate, reunite and heal the rifts and pain in family life. Children should only ever be removed from their natural parents as a last resort.

Sadly last resorts are sometimes necessary. Sometimes parents cannot or do not wish to cope. For some very young mums parenthood is not the right thing for them. Staying within the family with a grandparent or other relative can be helpful - but this option is not always available. In other cases the parenting is so deficient or abusive that there is no alternative but to remove the child - thankfully this is not a frequent situation.

The second step in the circular trap is that once your mother has been in care - you are more likely to have problems being brought up. You are now subject to the dual difficulties of the social deprivation from which your parent originated - and the deprivation of your parent having been in care. It is probable that there will not be any grandparents or extended family around .. and the likelihood is that your father and mother will both be from similar backgrounds.

How do you get out of the trap?

If you are a young Mum - you are more likely to have certain problems - such as low income, social difficulties, be in care, poor housing etc. .. But the converse is also true ...

If you are a family on low income, you are more likely to have a daughter who is pregnant young ... if you are in an area of social deprivation ... you are more likely to have a schoolgirl who is pregnant .... Schoolgirl pregnancy is very much a 'culture of poverty' ("Schoolgirl Pregnancy - a Culture of Poverty") and traps deprived girls in a cycle of deprivation.

"The repercussions of teenage childbearing are long lasting: the young parents acquire less education than their contemporaries ; they are more often limited to less prestigious jobs and the women, to more dead end ones. .." (Card and Wise 78).

"The adolescent mothers consistently experienced great difficulty in realising their life plans when compared to their classmates who did not become pregnant premaritally in their early teens .." (Furstenberg 76).

If you are in care you are more likely to get pregnant early. In fact in the findings of "Are you my sister, Mummy?" 22% of the pregnant girls had been in care at a time when less than 2% of the child population of the area was in care.

A chicken and egg situation.

At the end of the day perhaps we have to accept that we may never know whether some families are more deprived because the mothers were young ... or that the mothers started their pregnancies early because they were from the more deprived sections of the community.

Surely the important message is that if families are supported and the effect of social deprivation and poverty is minimised ... then not only will the rate of 'premature' early motherhood diminish - but those mothers who do start their families early will be able to raise their families happily and well.

What other messages are evident from these results?

There certainly seems to be a group of girls who wish to become pregnant at an early age, are ready for it, are mature emotionally and physically and if it were not for the stigmatising of our society and the lack of

support - they would have every chance of success. Those who do get some support in this situation make good parents and fare no differently from older mothers in similar circumstances. Parenthood is right for them, for their partners, for their children and for their families.

Some girls are 'almost there' - they would be part of this happy group if they had support - but for various reasons it is not forthcoming.

Others are immature, very young in every sense of the word ... they neither desire motherhood nor feel able to cope with the birth of their children. In a family setting these girls may pass the child over to their mothers and if in a care situation - the children may become institutionalised themselves.

Between these two extremes we have a whole spectrum of girls who though not actively and consciously seeking pregnancy, nevertheless are happy to be mothers and make some emotional or existential gain by virtue of their 'mothering' status. Most important in this context is the gain in self esteem and a sense of 'purpose' in life.

Even from the other side of the Atlantic, where the general view is perhaps more pessimistic than ours, there are encouraging comments - "*Some adolescent parents do overcome the handicaps imposed by adolescent childbearing; they complete their educations, get decent jobs, avoid welfare dependency ...*" (Furstenberg and Crawford 1978)

Whatever we perceive as the 'problem' for a young mother - it is salient to look at her 'age' as a potential advantage .. rather than a disadvantage. After all , those of us who enter motherhood - or I should say parenthood, since the same applies to young fathers - at a later stage , and perhaps have problems or make a mess of the job, do not have second chances ... time is not on our side.

A teenage Mum has the advantage that she has a lot of growing up left to do ... she can develop and mature into a competent and effective adult and parent. Many of her 'deficiencies' are thus in effect short lived.

Once more however we have the trap of deprivation and insufficient support - those young girls who are more deprived and have more stressful life events to handle are subject to arrested emotional development ... but we have also seen how even at a late stage, they can make improvements, how they can make changes in their lives. They can

‘grow’ emotionally, take up training courses at a later stage and enter employment when their children are older.

Having said that young mums can grow, mature and change - and taking note of the fact that some of our young women with almost insurmountable problems can eventually get over these hurdles and make a good life for themselves - nevertheless the ‘time gap’ can cause deep damage to their children who cannot hold up their own childhood and development while they wait for Mum and Dad to catch up.

The first born children particularly can bear an impossible burden when they are expected to fulfil the role of ‘little parent’ to their child mothers. These children fill a need in their parents, provide love, fulfilment and self worth. Perhaps in some ways this is a valid role? These children are valued, wanted and loved in return. What more could a child want?

It is when the need in the mother is too great, when the emotional void too deep that the child cannot compensate for his or her parents hurt and pain. Then the child can become confused and disturbed, no matter how hard he tries, mother is still unhappy and unfulfilled. Other children follow and other relationships .. a catalogue of fathers, siblings relatives, a confusion of family members.

Most studies from the USA show that children of teenage mothers do badly in comparison to their peers. (Card 81; East and Felice 90)

“ .... *The children of teenage mothers are distinctly worse off throughout childhood than the offspring of older childbearers.*” (Furstenberg, Brooks-Gunn and Chase-Lansdale 89). In Britain the same factors operate to an extent but are highly dependant on the social status of the young mothers rather than her age per se.

The male first born children seem to fare worse. Daughters take the role of sisters and at least have a mother as a role model and confidante - something the young mothers wish they had themselves. Sons have no role model, do not know quite how to relate to their mothers who they often end up ‘fathering’. Single mothers can lack the knowledge and resources to appreciate and provide for their developing sons needs.

These very first born sons are more prone to early sexual acting out and their numbers swell the ranks of the less supportive and less stable teenage fathers for the next generation.

Families certainly play an important role. In general we have seen that girls tend to recreate their family of origin. Those with good supportive families fare better. Those with no families do worse. But there are casualties and surprise successes in all life styles.

In their early teens nine percent of the girls had been involved in child pornography or prostitution - usually following a history of a sexual abuse. At least half of these girls have managed to change their lifestyle and settle down with their children. This is perhaps a surprise success.

For me, it is also a wonderful bonus to meet up with a young Mum who showed all the signs of 'not making it' and who I thought would probably have her children taken into care - who has managed to hang on to them and make a good and happy life for herself and her children.

When you read newspaper headlines about 'rising tides of 'gym-slip' mothers' it makes you feel that schoolgirl mums must be somehow 'different' from the rest of us, somehow strange and abnormal. There are not many of us who 'hand on heart' could not say that given the right (or wrong) circumstances it could not possibly have happened to them.

*“Researchers have been so preoccupied with demonstrating that early childbearing creates serious disadvantages that they have generally overlooked the fact that some young mothers overcome the obstacles associated with premature parenthood and even derive psychological benefits from the experience. Without minimising the difficulties, we need to explore the circumstances which contribute to the successful management of adolescent parenthood.”*

(Furstenberg and Crawford 1978)

Being a young parent is not the end of your life and dreams - it need not be a life of toil and hardship - unfortunately for some unfortunate families it can be - but given adequate support young parents can do remarkably well.

Perhaps it is time to stop condemning young families and instead try to help them. To look for the positive attributes of young parents and work on them rather than spell doom and gloom with negative statistics.

As you catch a cab around London - wonder if the driver is one of 'our girls' and when it drops you at the local pub - is the publican a young

Mum? The receptionist in your family health centre, your solicitor perhaps?

We meet young mothers succeeding in every walk of life

... and you can't tell the difference!

\* \* \* \* \*

## References

- Ball S.J. "Beachside Comprehensive" Cambridge University Press 1981
- Bandler in "Symposium on the evaluation of therapeutic results" Obernorf, Greenacre and Kubie, International Journal of Psychoanalysis 29 7 1948
- Barker P. "Basic Family Therapy" Granada 1981
- Barlow P. Et al "Some psychiatric effects of illegitimate pregnancy in early adolescence" American Journal of Orthopsychiatry 38: 672-687 1968
- Battle J. "The relationship between intelligence and self esteem" Edmonton Public Schools, Edmonton Alberta 1976
- Baum D. - 'Curriculating Winnicott' address given at Royal College of Physicians London 1..5..96
- Bellack "The concept of acting out" in Abt L. and Weissman S 1965
- Bibring G.L.; Dwyer T.F.; Huntington D.S.; Valenstein A.F. "A study of the psychological processes in pregnancy and of the earliest mother-child relationship" Psychoanalytical studies of Childhood 16 : 9-72 1961
- Bion W.R. "Attention and Interpretation" Tavistock 1970
- Birch D.M.L. "Schoolgirl pregnancy in Camberwell; A population study of inner city schoolgirl pregnancies, motherhood and two year follow up". MD thesis University of London 1986.
- Birch D.M.L. "Are you my sister, Mummy?" Published by Youth Support ISBN 1 870717 00 7 1987
- Birch D.M.L. "Schoolgirl Pregnancy - a culture of poverty" Proceedings of International Medical women's federation Conference Sorrento 1987a (available from Youth Support)

Birch D.M.L. "Teenage belief systems" Journal of Adolescent Health and Welfare Vol. 1 no. 4.

Birch D.M.L. "Schoolgirl Pregnancies" in "Progress in Obstetrics and Gynaecology Vol. 7" chapter 5 Editor John Studd Longman 1989

Birch D.M.L. "Inner Worlds and Outer Challenges" Youth Support Publications ISBN 870717 03 1 1992.

Birch D.M.L. "Bonds and Boundaries - Child protection and the family" Youth Support Publications ISBN 1 870717 05 8 1994.

Blum R.W.; Resnick M.D. "Adolescent sexual decision making; contraception, pregnancy, abortion, motherhood" Paediatric annals 797-805 11:10 1982

Brookover WB et al "Self concept of ability and school achievement" III Co-operative research project no 2831 Michigan State University 1967

Card J.J.; Wise L.L. "Teenage Mothers and Teenage Fathers: The Impact of Early Childbearing On the Parents' Personal and Professional Lives" Family Planning Perspectives Vol. 10 No 4 August 1978

Card J.J. "Long-term Consequences for Children of Teenage Parents" Demography Vol. 18 No 2 137-156 May 1991

Cohen A.K. "Delinquent boys, the culture of the gang" Glencoe Illinois, free press 1955

Cohen S.J. "Intentional Teenage pregnancies" The Journal of School Health 210-211 1983

Dominian J. "Marital breakdown" Penguin books London 1968

East P.L.; Felice M.E. "Outcomes and Parent-Child Relationships of Former Adolescent Mothers and their 12-year-old Children" Developmental and Behavioural Paediatrics Vol. 11 No 4 175-183 August 1990.

East P.L.; Felice M.E. "Pregnancy risk among the Younger sisters of Pregnant and Childbearing Adolescents" Developmental and Behavioural Paediatrics Vol 13 No 2 128-136 April 1992.

Elster A.B. ; Lamb M.E.; Peters L.; "Judicial involvement and conduct Problems of Fathers of infants Born to Adolescent Mothers" Pediatrics 1987 ; 79: 230-234 Also in Editorial "Unwed Adolescent Fathers" Paediatrics in Review. Vol. 10 No. 8 Feb 1989 234

Furstenberg F.F. "The Social Consequences of Teenage Parenthood" Family Planning Perspectives Vol. 8 No 4 148-164 August 1976.

Furstenberg F.F. ; Crawford A.G. "Family Support : Helping Teenage Mothers to Cope" Family Planning Perspectives Vol. 10 No 6 Dec. 1978

Furstenberg F.F.; Brooks-Gunn J.; Chase-Lansdale L. "Teenage Pregnancy and Childbearing" American Psychologist Vol. 44 No 2 313-320 February 1989.

Furstenberg F.F.; Levine J.A.; Brooks-Gunn J. "The Children of Teenage Mothers : Patterns of Early Childbearing in Two Generations" Family Planning Perspectives Vol 22 No 2 54-61 March 1990.

Hargreaves D.H. "Social Interactions in secondary school" London Routledge 1967

Hoffmann S.D.; Foster M.E.; Furstenberg F.F Jr "Reevaluating the Cost of Teenage Childbearing" Demography Vol. 30 No 1 February 1993.

Irwin C.E. ; Millstein S.G. "Biopsychosocial Correlates of Risk-taking Behaviours during Adolescence" Journal of Adolescent Health Care 1986; 7: 825-965

Irwin C.E.; Ryan S.A. "Problem Behaviour of Adolescents" Paediatrics in Review. Vol. 10 No. 8 Feb 1989 235- 246

Irwin C.E. "Risk Taking Behaviours in the Adolescent Patient - Are they impulsive?" Pediatric Annals 18:2 122-133 1989

James W. "The Principles of Psychology" 1890

Khan M.M.R. "Hidden Selves" Hogarth Press 1983

Lacey C. "Hightown grammar" Manchester University Press 1970

Leach P. "Making the outside world good-enough for children and families" Address given at Royal College of Physicians London 1.5.96

Lieberman S. "Forging a Marital Bond"

Magnussen D.; Stattin H.; Allen V.L. "Biological Maturation and social development: A longitudinal study of some adjustment processes from mid adolescence to adulthood" *Journal of Youth and Adolescence* 14 267-283 1985

Milstein S.G.; Irwin C.E.; Adler N.E.; Cohn L.D.; Kegeles S.M.; Dolcini M.M. "Health-Risk Behaviours and Health Concerns among Young Adolescents" *Pediatrics* Vol. 3 89: 422-428 March 1992

Pines D. "Pregnancy and motherhood; Interaction between fantasy and reality" *British Journal of Medical Psychology* 45 333-343 1972

Pines D. "Adolescent Pregnancy and Motherhood" *Psychoanalytic Inquiry* 8 : 234-251 1988.

Pines D. "A Woman's Unconscious use of her body" - A Psychoanalytical perspective. Virago press 1993

Raimy V.C. "The Self concept as a factor in counselling and personality organisation" PhD Thesis Ohio University 1943

Rhein L.B.S.; Ginsburg K.; Pinto-Martin J.; Schwartz D.; Slap G. "Teen father participation in childrearing : Family Perspectives" *Journal of Adolescent Health* Vol. 18 No. 2 121 Feb 1996

Robinson "Self Esteem, Identity and achievement in secondary school pupils" Bristol University 1989

Satir V. "Conjoint Family Therapy" Palo Alto Science Behaviour books 1967

Shafer M.A.; Blain B.; Beck A.; Dole P.; Irwin C.E.; Sweet R.; Schachter J. "Chlamydia trachomatis: Important relationships to race , contraceptive use, lower genital tract infection and Papanicolaou smears" *Journal of Pediatrics* 104 :141-146 1984

Simkins L. "Consequences of teenage pregnancy and motherhood" Adolescence vol XIX No 73 :39-54 1984

Spingarn R.; DuRant R. "Male adolescents involved in pregnancy: Associated health risks and problem behaviours" Journal of Adolescent Health Vol. 18 No. 2 121 Feb 1996

Stuart-Smith S. "Teenage Sex" British Medical Journal Vol.312 390-391 Feb 1996.

Turner R.A.; Irwin C.E.; Tschann J.M.; Millstein S.G. "Autonomy, Relatedness and the Initiation of Health Risk Behaviors in Early Adolescence" Health Psychology Vol 12 No 3 200-208 1993

Welldon E. "Mother, Madonna Whore" 1988

Wellings K.; Field J.; Johnson A.M.; Waadsworth J. "Sexual Behaviour in Britain" London Penguin 1994

Zabin L.S. Hardy J.B. Smith E.A.; Hirsch M.B. "Substance abuse and its relation to sexual activity among inner city adolescents" Journal of Adolescent Health Care 7 :320- 331 1986

Zabin L.S.; "The Association between smoking and sexual behaviour among teens in US contraceptive clinics" American Journal of Public Health 74:4 : 261-3 1984

Zeltzer L. Editorial comment - Paediatrics in Review. Vol. 10 No. 8 Feb 1989 234

## **Youth Support Publications**

**The following publications are available from  
“Youth Support”.**

### **Books**

**"Are you my sister, Mummy?"** Study of school age pregnancy. 2nd edit. 1992

**“The Child that Rocks the Cradle”** Fifteen year follow up of schoolgirl mothers and their families. 1996

**“Bonds and Boundaries”** - Child protection and the family.

**"Retracing the Echoes"** Children of the Russian revolution - Emotional aspects of growing up.

**"Inner Worlds”** 2nd Edition - first published as ‘Inner Worlds and Outer Challenges’ Development of the personality and assaults of emotional environment.

**"Putting Down Strays"** - life in Italy from late 19th century to the second world war. Laura Busini- Birch.

**"Mother or Child?"** Tape slide presentation

**Journal** - Journal of Adolescent Health and Welfare - Back copies.

### **Reports, Articles and Reprints**

1.1 "Schoolgirl Pregnancy".overview and medical aspects.

1.2 "Teenage sexuality and the Media"

1.3 "Schoolgirl pregnancy - a culture of poverty"

1.4 "That old Black Magic? - Sexual belief systems.

1.5 "Schoolage Pregnancy, the International scene"

1.6 "Sex Education - Does Mother Know Best?"

1.7 "Teenage Pregnancy - A problem for the nineties?"

- 1.8 "Self Esteem in early pregnancy"
- 2.1 "The search for the True self in adolescence - the dilemma of childhood handicap"
- 2.2 Sports Medicine - "The Training stresses for children and Young People" "Diet and Preparing for the Marathon"
- 2.3 "Healing abuse - Working with family that is not there".
- 2.4 "HIV infection - AIDS and the Young" conf report.
- 2.5 "Providing staff support in child abuse procedures".
- 2.6 "Emotional Abuse - The hidden scars"
- 2.7 "Working with families - how not to perpetuate the abuse"
- 2.8 "Reflections-Emotional development,origin of personality"
- 2.9 "The invisible woman - the hysterical personality"
- 2.10 "Fear is the key - the depressed adolescent"
- 2.12 "One Track Minds - obsessive part of our personalities"
- 2.11 "Divided loyalties - the schizoid teenager".