

Health and Social Care

The experiences of mothers aged under 20: analysis of Growing Up in Scotland data

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This project involved in-depth analysis of data from the Growing Up in Scotland study (GUS) to explore the characteristics, circumstances and experiences of first-time mothers in Scotland aged under 20 at the time of the child's birth and examine how they compare with those of older mothers in two age groups – those aged 20 to 24 and those aged 25 or older. Understanding the extent to which the challenges that these young mothers face are different to those experienced by mothers aged 20 to 24, and 25 and above helps to explore what extra support teenage mothers might need and whether some of this extra support might also benefit slightly older mothers. The findings from this report will be crucial in informing the development of the Scottish Government's teenage pregnancy and young parent strategy, due for publication in spring 2015.

GUS is an important longitudinal research project aimed at tracking the lives of several cohorts of Scottish children through the early years and beyond. The study is funded by the Scottish Government and carried out by ScotCen Social Research. Information from children and families in the second birth cohort – which involves 6000 children born between March 2010 and February 2011 – was used to provide a current picture of the circumstances of mothers under 20 from pregnancy through to when their child is aged 10 months old. Data from children and families in the first birth cohort – which involves around 5000 children born between June 2004 and May 2005 – was used to explore how the circumstances and characteristics of mothers who were under 20 at the child's birth change as their child ages from two to six years old. Analysis was restricted to cases where the child was the mother's first born.

Main findings

- When their child was aged 10 months, mothers aged under 20 had significantly fewer qualifications, lower incomes and were less likely to be employed than those aged 20 to 24, and particularly those aged 25 or above. For example, 17% had qualifications at Higher Grade or above compared with 50% of mothers in their early twenties and 80% of those aged 25 or older.
- In all measures of socio-economic characteristics, mothers aged 20-24 were relatively advantaged when compared with the youngest group – having more qualifications, more likely to be in employment and having higher average incomes – yet nevertheless were at a significant disadvantage when compared with older mothers.
- Mothers aged under 20 and those in their early twenties rated themselves similarly on measures of general health and mental wellbeing, reporting poorer health than those aged 25 or older.
- When the child was aged 10 months, mothers aged under 20 were three times more likely to smoke cigarettes than those aged 25 and over (47% compared with 13%).
- Mothers younger than 25, and particularly those under 20, tended to report poorer health behaviours during their pregnancy than those aged 25 or older. They were less likely to use supplements such as folic acid and vitamin D, more likely to smoke and, amongst those who smoked when they became pregnant, less likely to stop. They also had poorer perceptions of their general health during pregnancy.
- 22% of mothers aged under 20 and 28% of mothers in their early twenties attended all or most ante-natal classes compared with 67% of those aged 25 or older. Overall, younger mothers were less likely to have sought out or used a range of sources of advice or support.
- Younger mothers, those aged under 20 in particular, seem more wary of seeking formal support and less sure about who to ask for advice. 42% of mothers aged under 20, and 31% of those aged 20-24 agreed that it was difficult to ask people for help or advice unless you know them very well compared with 19% of mothers aged 25 or older.

Socio-economic characteristics

When the child was aged 10 months, 17% of mothers aged under 20 had a qualification at Higher Grade or above compared with 50% of mothers in their early twenties and 80% of those aged 25 or older.

As may be expected, more mothers aged under 20 have qualifications at Higher Grade level or above when their child was aged six than they did when their child was aged two. Although acquisition of qualifications increases as their child grows, even when their child is aged 6, mothers aged under 20 at the time of their child's birth remain the group least likely (by a significant margin) to have these qualifications.

When their child was aged 10 months, 21% of mothers under 20 were employed (either full-time or part-time) compared with 55% of those in their early twenties and 83% of those aged 25 or older. As the child ages, mothers aged 25 or older remain most likely to be in employment and mothers aged under 20 remain least likely.

72% of mothers aged under 20 had a household income amongst the lowest 20% of all family incomes at 10 months (the bottom 'quintile'). By comparison, the same was true for 40% of mothers aged 20 to 24 and just 12% of those aged 25 or older. At all age points, mothers aged under 20 are significantly more likely than other mothers to be in the lowest income quintile.

Mothers under 20 are considerably more reliant on state benefits and tax credits than are older mothers. This position remains as the child ages.

59% of mothers aged under 20 lived in social rented housing and were the group most likely to do so. This proportion increased over time with a corresponding decrease in the proportion living in owner-occupied housing.

Mothers aged under 20 are more likely than older mothers to live in the most deprived areas. The difference between the percentage of mothers aged under 20 and the percentage of mothers aged over 25 who live in the most deprived areas remains fairly stable as their children reach ages 2,4 and 6.

In all measures of socio-economic characteristics, mothers aged 20-24 fall between those younger and older. As such they are in a relatively advantaged position when compared with the youngest group – having more qualifications, more likely to be in employment and having higher average incomes – yet nevertheless were at a significant disadvantage when compared with older mothers.

Household, family and relationships

When the child is aged 10 months, mothers aged under 20 were less likely to be living with the child's biological father. The figures differ starkly by age on this measure. 30% of mothers aged under 20 live with the child's father compared with 56% of those in their early twenties and 89% of those aged 25 or older.

By the child's sixth birthday, mothers aged under 20 are still more likely than older mothers to be lone parents. However, a significant number who were lone parents when the child was aged two, now have partners.

At age 2, the vast majority of mothers – across all age groups – still have only one child. By age 6, 41% of mothers aged under 20 have two children and 18% have three or more compared with 53% and 8% for mothers in their early twenties and 57% and 9% for mothers aged 25 or older.

Mothers aged under 20 are particularly more likely to live in the same household as a grandparent of the child. The proportion reduces over time – from 21% at age two to 9% at age six.

Mothers of all ages report feeling close to most of their family, a position which does not change over time. However, friendships appear weaker for younger mothers (aged under 25) than older mothers. Again, this trend remains over time.

Younger mothers also tend to report a smaller group of close friends than older mothers. This changes steadily with maternal age being less common amongst those in their early twenties and least common amongst those aged 25 or older.

Amongst those mothers who live with a partner, younger mothers – and particularly teenagers – appear to have more difficult relationships with their partners than do older mothers.

Maternal health

Mothers aged under 20 and those in their early twenties rated themselves similarly and more poorly in relation to general health and mental wellbeing than those aged 25 or older.

There were no differences by maternal age in the prevalence of longstanding health conditions when the child was aged two. However, by age six, whilst prevalence had increased for mothers in all age groups, it had done so more sharply for mothers aged under 20 making them most likely to have such a condition at this stage.

Smoking was most common amongst mothers aged under 20 but prevalence was similar to those in their early twenties and quite distinct from that amongst mothers aged 25 and over.

Whilst mothers in all age groups were just as likely to drink alcohol, those aged 25 and older tended to do so more frequently but to consume fewer units when they did. In contrast, mothers aged under 20 tended to drink less often but consume more units. Those in their early twenties fell in between.

Mothers in all age groups were also similarly likely to have ever taken drugs but those aged under 25 were more likely than older mothers to have done so in the last year.

Pregnancy and birth

Mothers younger than 25, and particularly those under 20, tended to report the poorest health behaviours during their pregnancy. Compared with older mothers, they were less likely to use supplements such as folic acid and vitamin D, more likely to smoke and, amongst those who smoked when they became pregnant, less likely to stop. They also had poorer perceptions of their general health during pregnancy.

Mothers in their early twenties reported more positive health behaviours during their pregnancy than those aged under 20, but they remained significantly poorer than for mothers aged 25 or older.

There were positives too. Mothers aged under 20 were less likely to have drunk alcohol during pregnancy, more likely to have had a normal birth (without assistance or a caesarean section) and to perceive the birth as a positive experience – reporting it to be better or much better than they expected.

Mothers aged under 20 and those aged 20 to 24 were less likely than those aged 25 years or older to report that they had kept 'very well' during their pregnancy (45% and 48% compared with 57%). In contrast, the proportion of those who reported that they were 'not very well' or 'not at all well' was similar in the youngest and oldest age groups (15%/14%) and slightly higher amongst the middle age group (21%).

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

Parenting support

Mothers aged under 20 were less likely to have attended ante-natal classes. Attendance increases with age though there is a more significant distinction between those over and under 25 than between the two youngest groups.

When their child was aged two and four, mothers aged under 20 were more likely than older mothers to report having seen their health visitor in the last year (69% and 41% for mothers aged under 20 at ages two and four respectively, compared with 62% and 32% for mothers in their early twenties and those aged 25 or older).

Overall, younger mothers were less likely to have sought out or used a range of sources of advice or support. Indeed, younger mothers, those aged under 20 in particular, seem more wary of seeking formal support and less sure about who to ask for advice.

All mothers most preferred to receive parenting information and advice in person, on a one-to-one basis. Younger mothers were less likely than older mothers to prefer receiving advice via a seminar or group and more likely to prefer informal sources such as family or friends.

Conclusion

Mothers aged under 20 face significant socio-economic disadvantage in terms of lower educational qualifications, lower employment levels and lower income. This fundamental disadvantage underlies many of the other differences shown here. Therefore, addressing these issues would have particular impact in reducing inequality more broadly between younger and older parents.

These findings also illustrate some lesser known differences – and similarities – between younger and older mothers particularly between mothers aged under 20 at the child's birth and those who are in their early twenties. In all measures of socio-economic characteristics, for example, mothers aged 20-24 are in a relatively advantaged position when compared with the youngest group yet are nevertheless at a significant disadvantage when compared with older mothers.

Additional support to allow young parents – particularly those under 20 – the opportunity to continue their education or training would benefit them, and their children, in many positive ways. Widening the availability of and access to affordable childcare is also important and would support more opportunities for education or training, and employment.

Mothers aged under 25 rating themselves more poorly than mothers aged over 25 in measures of general health and mental wellbeing is a somewhat unexpected finding. It is possible that the poorer health behaviours and greater socio-economic disadvantage observed amongst younger mothers counteract their youthfulness.

Parents with better health themselves, and who practice better health behaviours – such as not smoking, better diet, more physical activity – are more likely to have children with better health and health behaviours. Thus smoking cessation

¹ Though some small, statistically significant differences are evident (e.g for low birth weight).

programmes aimed at teenagers, and perhaps specifically at pregnant mothers aged under 20, would be beneficial for improving the health of mothers and their children. Indeed, mothers in their early twenties, with significantly higher smoking rates than those aged 25 or older, may also benefit from some targeted intervention in this respect.

Mothers under 20 are more wary of formal support services and more reluctant to use them than older mothers. Those in their early twenties, whilst being less wary of professional support and more confident about who to ask, are nevertheless less sure of seeking and receiving parenting support than mothers aged 25 or older. These trends have significant implications for the delivery of parenting support for young mothers. There have already been a number of interventions delivered in Scotland aimed at improving the parenting capacity of teenagers. It is important that the experiences and outcomes from these interventions are

shared and reflected upon, along with the findings here. This will ensure that as a national approach to increased parenting support and improved decision making on health behaviours is adopted, the specific perceptions of and attitudes towards support amongst teenage parents are better understood and their needs more widely met.

Across many of the domains of health, parenting and social life considered here, the circumstances, behaviours and experiences of mothers aged 20-24, whilst often being relatively positive when compared with those aged under 20, are still more negative than for older mothers. Their similarly poor general and mental health and health behaviours, including during pregnancy, are of note alongside their lower use of parenting support – such as ante-natal classes – and more negative attitude towards such support. As such, some consideration should also be given to enhancing the support offered to parents in this slightly older age group.

This document, along with full research report of the project, and further information about social and policy research commissioned and published on behalf of the Scottish Government, can be viewed on the Internet at: <http://www.scotland.gov.uk/socialresearch>. If you have any further queries about social research, please contact us at socialresearch@scotland.gsi.gov.uk or on 0131-244 2111.