

What's the Problem?  
Teenage Parents: A Critical Review

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## 1. Moral Panics and New Labour Policy

Teenage parenthood is typically depicted as a calamity for individual young women and as a severe problem for society. As Tony Blair put it, in the forward of the Social Exclusion Unit's report on teenage pregnancy (SEU 1999), which has set the framework for UK government policy since then:

Some of these teenagers, and some of their children, live happy and fulfilled lives. But far too many do not. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. The children themselves run a much greater risk of poor health, and have a much higher chance of becoming teenage mothers themselves. Our failure to tackle this problem has cost the teenagers, their children and the country dear.  
(SEU, 1999, 4)

The SEU's understanding of why British teenagers become pregnant and have children, and so cause this problem, follows a similar rationale. They do so because of low expectations, ignorance and mixed messages. According to the SEU, one reason why the UK has such high teenage pregnancy rates is that there are more young people who see no prospect of a job and fear they will end up on benefit one way or the other. 'Put simply, they see no reason not to get pregnant' (ibid, 7). Furthermore, the SEU continues, many teenagers are ignorant in the sense that they lack accurate knowledge about contraception, STIs, what to expect in relationships and what it means to be a parent. Mixed messages through the media – emanating from the public celebration and commercial manipulation of sexuality combined with a lack of responsible discussion and education - compound these factors. Throughout, as the SEU report makes clear, higher teenage pregnancy rates are associated with the most disadvantaged areas and social groups.

This policy understanding of teenage parents as a social problem then becomes linked with a wider 'social threat' discourse in the public debate. Teenage pregnancy is taken as a particularly significant indicator of the gathering 'breakdown of the family', even though rates are now much lower than in the supposed 'golden age' of the family of the 1950s and early 60s, while absolute numbers are less than half those of the early 70s (Selman 2003). Periodically tabloid frenzies erupt when especially lurid examples are seized upon – usually completely atypical cases of very young girls, perhaps from the same family or neighbourhood (ibid). (Most recently in May 2005 over three teenage pregnancies in one Derby family, Bunting 2005). The widespread perception, mistakenly, is that teenage pregnancy has never been higher and is increasing. In turn, the heady political symbolism and mobilization created by such moral panic reinforces the need for government to be seen to tackling the problem. Finally, all this is underlined by contrasting national teenage birth rates or, as Tony Blair put it in his forward to the SEU's 1999 document, Britain's 'shameful record' compared to the rest of western Europe (p4), where births to teenagers have steadily declined. British rates remain among the highest in the 28 OECD developed countries (30 per 1000 in 1998, compared to 10 or less in Germany, France, Scandinavia and the Netherlands). Only the US at 52.1, and more marginally Canada and New Zealand, were higher (UNICEF, 2003). The UK was 'stuck' as the SEU put it (1999,7) – but at the same time this comparative failure implied this was a social problem amenable to solution. This conclusion is emphasized by the appreciation that local rates also vary widely across Britain; young women in poorer areas are more likely to become pregnant, and least likely to use abortion to resolve unplanned pregnancy (ibid, Lee et al 2004). The 'problem' of teenage pregnancy was ripe for intervention by a reforming new government.

Hence the New Labour government rolled out its teenage pregnancy strategy from 1999 onwards under the direction of a Ministerial Task Force and co-ordinated by the Teenage Pregnancy Unit (TPU). The TPU has two main goals, to halve the under 18 teenage conception rate by 2010, and to increase the

participation of teenage parents in education, training or employment. Since 2001, each top tier local authority has had an agreed local teenage pregnancy strategy to reach local 2010 reduction targets of between 40-60% (with an interim target of 15% cut by 200). Each local strategy is led by a Teenage Pregnancy Coordinator, working with a Teenage Pregnancy Partnership Board and supported by a Local Implementation grant, proportionate to the number and rate of under-18 conceptions in the local authority area. Local Strategies are supported and performance managed by a Regional Teenage Pregnancy Coordinator, based in the regional Government Office. Local indicators, such as levels of conceptions in targeted age groups, availability and use of services, and health outcomes, have been devised to help monitor progress towards achieving these targets (see TPU 2000). In line with government objectives for 'joined-up' approaches to service and policy development, work locally is intended to proceed in conjunction with other national government initiatives such as Sure Start, Sure Start Plus and the Children's Fund, and other national government departments were expected actively to support the strategy.

This is an impressive machinery, but perhaps funding has been less adequate with an initial TPU budget of only £60 million. As Arai (2003a,b) details, the 'low expectations' explanation of early pregnancy and childrearing, which is fundamentally about class and disadvantage, has hardly been addressed by the Teenage Pregnancy Strategy. We might assume that this is difficult to tackle, especially on a low budget, and is anyway unattractive to a policy world emphasising individual motivations that arise from structural determinants, rather than these determinants themselves. Instead, it is the 'ignorance' explanation that has become dominant within the strategy – British youth are seen as deficient in their sexual health knowledge, are poor users of contraception, are shy about sex and are wary about accessing services. This then becomes the major cause of the problem, and a major means of reducing it – even though, as Arai demonstrates (*ibid*), the evidence that there actually is a lack of knowledge, that increased knowledge reduces pregnancy, and that low knowledge 'causes' teen pregnancy, is equivocal. For example, Phoenix (1991) found that no mothers in her large qualitative sample of teenage mothers in London had become pregnant due to ignorance about sex and contraception, confirming a long line of empirical studies (see also Wellings and Kane 1999, Churchill et al 2000). This empirical evidence underlines what Arai calls 'the puzzlement expressed by researchers for continuing differentials in teenage pregnancy and fertility despite widespread availability of free contraception and legal abortion ... they cannot understand why youth (in poor communities) appear to be poor users of contraception and unwilling to have abortions' (2003, 200). Current policy then ends up pathologising teenage pregnancy and childrearing, when it is seen to arise from 'inappropriate motivations, ignorance and sexual embarrassment' (*ibid*, 203). As the next section goes on to show, this is an inappropriate policy position.

## 2. Teenage Mothering and Fathering – Class, Agency and Empowerment

There are two sorts of evidence that combine to undermine this 'social problem'/'social threat' picture of the causes and consequences of teenage pregnancy, and hence question the policy response. First, there is a body of statistical evidence, from both Britain and the USA, which shows that future social disadvantage of teenage mothers relates to their pre-pregnancy social background, particularly class and deprivation. If these factors are taken into account then young mothers perform no worse than their social peers who did not become teenage mothers. Age at which pregnancy occurs seems to have little effect on future social outcomes; indeed, for some teens childbirth can actually improve educational and employment position. Secondly, a tradition of small scale qualitative studies, also in the UK and USA, record how many mothers themselves express positive attitudes to motherhood, and describe how motherhood has made them feel stronger, more competent, more connected, and more responsible. For some, this has given the impetus to change direction, or build on existing resources, so as to take

up education, training and employment. As one mother put it:

Just because you've got a baby doesn't mean to say your life has ended at all. 'Coz actually, me getting pregnant and me having a baby now has actually given me a bigger incentive to go and do something with my life instead of just getting a dead-end job'.  
(Quoted in Bell et al., 2004)

We will review both sets of evidence in turn.

### The statistical question – class versus teenage mothering

The received statistical wisdom is that:

'... giving birth as a teenager is believed to be bad for the young mother because the statistics suggest that she is much more likely to drop out of school, to have low or no qualifications, to be unemployed or low paid, to grow up without a father, to become a victim of neglect and abuse, to do less well at school, to become involved in crime, use drugs and alcohol'.  
(UNICEF 2003)

But in fact the statistics show nothing of the sort – if we deal with the statistical errors committed by statements like these. For these comparisons do not always compare like with like and often rely on comparing teen mothers with all mothers (not those of a similar background), and they usually leave selection effects unacknowledged, whereby many teenage women who become mothers already experience disadvantage (and vice versa), and are likely to continue to do so.

In fact there has been a tradition of studies, both in Britain and the USA, which make these points through detailed statistical analysis. It is something of a mystery why these results have not made more impact, and this perhaps testifies to the power of moral panic and political symbol over scientific analysis. First of all, a series of statistical studies carried out in the 1970s and '80s simply controlled for general background variables like parental class, education and income. These produced the result that while some of the differences in measured well-being between teenage mothers and other young mothers were due to factors other than age of first birth (mostly to do with class), the remaining effects of a teenage birth were still significantly negative. However, researchers soon realised that studies like these could not adequately account for the full gamut of selection effects. They therefore devised 'natural experiments' where these factors would be much better controlled, such as comparisons between cousins, sisters and twin sisters (only one of whom was a teenage mother), and between teenage mothers and other women who had conceived as a teenager but miscarried (who presumably would have gone on to become mothers). These studies found that the effects of age of birth in itself were very small, or as Hoffman (1998, 237) put it in his systematic review of the US research 'essentially zero'. Indeed, by their mid / late 20s teenage mothers in the USA did better than miscarrying teenagers with regard to employment and income, and this meant, ironically, that government spending would have increased if they had not become teen mothers! In these terms, it would seem better for these teenagers – for themselves, their children and the country alike- to have a baby as a teenager (cf Geronimus, 1997). Although not so statistically rigorous, UK based studies came out with similar conclusions (see Babb, 1994, Botting et al 1998, Corcoran, 1998). The results for studies of health outcomes were much the same: once the effects of social disadvantage were taken into account then teenage birth was, if anything, better than later birth after 25 (Cunnington, 2001).

These findings have most recently been re-assessed for Britain in a number of powerful statistical studies. Ermisch and Pevalin (2003), using the British Cohort Study to assess differences between

miscarrying and successful teenage pregnancies, found that teen birth has little impact upon a women's qualification, employment or earnings by 30 years of age. While teen mothers' partners were more likely to be poorly qualified or unemployed, and this then impacted on the mothers', and their children's, standard of living, this is also akin to a selection effect. In itself, age of birth has little effect. This result was confirmed by a complementary study using British Household Panel data (Ermisch 2003), and by Hawkes (2003) looking at twins. Finally, Robson and Berthoud (2003) used the Labour Force Survey to assess the link between high rates of poverty and high rates of teenage fertility among minority ethnic groups, particularly for the extreme case of Pakistanis and Bangladeshis where both variables are particularly high. They concluded that teen birth has little effect on future poverty, and does not lead to any further disadvantage beyond that experienced by the ethnic group as a whole. The importance of social context was also suggested by cross-national findings using European Panel data, which showed how outcomes for teen mothers vary across western Europe with no significant effects in some countries (Berthoud and Robson, 2003). Although statistical problems remain (cf Hoffman 1998, Hawkes 2004) [1], these studies show that – in these outcome terms – teenage childbearing can be seen as only a minor social problem. Or as Hoffmann concludes, studies like these 'cast considerable doubt on the received wisdom about the consequences of teenage childbearing' (ibid, 238).

### The agency question – mothers' values and behaviour

What about the mothers themselves? The research here is more scattered, but also compelling in discovering process factors which challenge the 'received wisdom' of teenage mothers as a social problem – they find that teenage motherhood can have positive effects. SmithBattle's research, in the USA, is paradigmatic (SmithBattle 1995, 2000, SmithBattle and Leonard 1998; see also McMahon 1995, Arensen, 1994 for other US studies). She followed a small, diverse group of teenage mothers over 8 years, finding that many described mothering as a powerful catalyst for becoming more mature, and for redirecting their lives in positive ways. Mothering often 'anchors the self, fosters a sense of purpose and meaning, reweaves connections, and provides a new sense of future' (SmithBattle, 2000, 35). There were three groups among her respondents. For the most disadvantaged and alienated teens in the sample, having a baby epitomized the hope of escaping a desolate past, but this proved illusory and eventually confirmed their pre-pregnancy despair. While this was indeed a negative outcome, it was pre-pregnancy conditions that were most influential, and even so childbirth could have been a turning point. At the other end of the spectrum, those with substantial family and social resources, and pre-pregnancy plans for education and employment which exceeded those of other teens, found that their plans were both complicated and strengthened as they strove to create a future for themselves and their children. Finally, an interesting middle group described how an empty pre-pregnancy future was transformed by becoming a mother, which provided a corrective experience – they often reported getting off drugs, returning to education, distancing themselves from risky friendships, and re-evaluating earlier destructive behaviour.

Similar findings are reported for Britain, notably in the in-depth study by Phoenix (1991) of London teenage mothers in the mid-80s, using quite a large qualitative sample. Anticipating recent statistical work, most of the mothers and their children were faring well. Most (and their male partners) had already done badly in the educational and employment systems, and it did not seem that early motherhood had caused this or that deferring motherhood would have made much difference. Rather, if anything, motherhood was something of a turning point which 'spurred some women on' (ibid, 250) into education and employment. This positive view of motherhood by the mothers themselves is something of a constant theme in qualitative work. Most recently Bell et al. (2004), looking at seaside and rural areas with high pregnancy rates, note how some young parents spoke positively about parenting and its impact on their lives: 'It increased their self-esteem and enhanced their lives, providing a sense of security and stability in lives characterised by transience, detachment and low economic aspirations' (p.

v). Similarly, writing in a separate medical literature (but using sociological techniques), Seamark and Lings (2004) show that although most of their small sample of Devon teen mothers had not planned to become pregnant, nonetheless most had very positive attitudes about being a mother and what it meant to them. Most felt an immediate bonding with the baby, and reflected on the positive effect it had on them. They had 'grown up', found an added impetus in their lives and – although fully aware of practical problems – were planning or embarking upon educational and/ or employment careers. Far from a catastrophe, the authors conclude that teenage pregnancy was more 'the turning point to maturity and developing a career' where 'it was almost as if having a child had saved them from themselves' (ibid, 817).

These qualitative studies point to two linked issues also neglected in the official social problem view of teenage parenting – locality and heterogeneity. Thus SmithBattle (2000) reports how teenage motherhood in the USA often made sense in the life world inhabited by the mothers, in terms of local constitutions of opportunity, constraint and social practice. Similarly, Phoenix (1991) found that early motherhood in London was common in the social networks inhabited by the mothers, was more supported than censured, and that most had expected early motherhood in a few years anyway, like their friends, their own mothers, and relatives. Again, this prefigures statistical work for Britain showing how women's decisions to undertake abortion, or proceed with pregnancy, are heavily class and locality specific (Tabberer et al. 2000, Lee et al. 2004). At the same time, rather than abstracting 'average' teenage mothers as a unitary group, the qualitative work points to their heterogeneity, in part expressed through and by geographical variation. There are important differences in their understandings and behaviour according to class and ethnicity, as well as by age and family background.

Finally, what about the fathers? If teenage mothers can be seen as victims (although amoral ones) and a social problem, then young fathers (many of whom will not be teenagers) are seen as more the feckless perpetrators and social threat. Certainly they are usually assumed to be socially rootless and with weak moral connections (Dennis and Erdos 1992). Much of current policy reflects this assumption in responding to tabloid campaigns based on atypical cases. For example the idea of using the Child Support Agency to 'vigorously' pursue young fathers, so as to make them recognise their responsibilities through financial payments (SEU, 1999, 11.2), was lifted to prominence after media reports in September 1999 of a 14 year old boy who got his 12 year old girlfriend pregnant (Freely, 1999).

While there has been little research on young fathers, what there has been tends to contradict these assumptions. Like teenage mothers, most of the fathers are socially disadvantaged, and it does not appear that fathering will in itself make this any worse. Many also had poor relationships with parents. But also like teen mothers most express positive feelings about the child and want to be good fathers (Robinson, 1998, Speak et al 1997, Quinton et al 2002). Both fathers living with the mothers, and those who did or could not, were keen to be better fathers than their own had been, most contributed maintenance in some way, and many were actively involved in childcare. (This did vary by age, with the youngest least likely to be involved.) And, like teenage mothers, there is some evidence that successful fathering could be a positive turning point in young men's lives (ibid, 2002). In fact it was an invisibility to professionals, as well as housing problems, which often excluded them from the parenting they desired. Again, like teen mothers, fathers may be less of a social threat, more of a social possibility. As Phoenix concluded for teen mothers (which we can probably extend to the fathers):

'... although teenage women who become mothers are often believed to constitute a social problem, it may be more accurate to view them as a group of mothers with problems – often not of their own making –who are struggling against the odds. Most fare well under difficult circumstances'.  
(1991, 253)

### 3. Policies for Teenage Parenting and the Rationality Mistake

Taken together, this statistical and qualitative evidence reviewed above powerfully suggests that current policy about teenage parents may be making a 'rationality mistake'. A particular rationality is assumed for social agents, in this case teenage mothers and the fathers, who are assumed to hold individualised cost-benefit type plans for future education and employment. Diagnosis about why these agents act in an apparently problematic way, and policy prescriptions to change their actions for the better, are then both based on this particular rationality premise. The mistake arises when the agents in actuality have different forms of rationality; and thus their actions will then proceed according to different criteria – which may not be problematical for them. Indeed typically, people make decisions about family life in a morally rational way, judging what is the best thing to do with regard to other people, where these judgements are socially constructed in networks and localities, rather than individually. Hence both diagnosis and policy prescriptions may be misplaced (Duncan and Edwards 1999, Barlow and Duncan 2000). Consequently, severe deviations from economically rational forward planning – as assumed for teenage pregnancy – is seen to result from ignorance and low expectations, if not irrationality or even immorality. But as we have seen in this review, both the statistical and qualitative evidence makes this unlikely. Or as SmithBattle arrestingly puts it, 'The sin that modern teen mothers commit is not the sin of desire, but the sin of not planning and rationally choosing their future' (2000, 30, original emphasis).

There are two dimensions to this rationality mistake in understanding teenage parenting. The first dimension operates on the assumed level of forward, cost-benefit type planning. Potential teen mothers and fathers may recognise that they have poor future prospects because of their social class and disadvantaged background, and have nothing to lose in becoming parents. This rationality reflects the statistical evidence that age of pregnancy, for most, makes little difference to social outcome. In this way the SEU and TPU are quite right to point to 'low expectations' as a cause of teenage parenting, but still miss half the story in that teen parents can see social and personal fulfilment in having a baby - in other words they have 'high expectations'. On both counts, however, policies directed at the assumed ignorance and inadequacy of teenagers will be inappropriate. There is also some evidence that directing teen mothers towards education and training becomes compromised in the mothers' eyes because of the way it positions them as inadequate victims, rather than coping agents (Bell et al 2004). Rather, policy may be better directed at improving employment for young people as a whole in declining labour markets, and regenerating disadvantaged neighbourhoods, rather than targeting teen parenting in itself. Similarly, as with lone mothers, employment for teen mothers is seen as a return to individualised rational economic planning where children are seen as an obstacle, rather than as a component of a more fulfilling motherhood, which may also include 'full-time' mothering at home (Duncan and Edwards 1999, Kidger 2004).

The second dimension to the rationality mistake is more fundamental, because it challenges the basis on which economic rationality is assumed. Rather than making cost-benefit type individual calculations, teenage mothers and fathers may make decisions based on a wider, social appreciation of what seems best and morally reasonable in their situation. Thus the qualitative studies usually find that becoming pregnant, and the decision to continue to become a mother, made moral sense in terms of the social worlds of family, community and locality which the mothers, and fathers, inhabited. (A highlighted example is the high rate of teen parenting in poor Asian communities in Britain.) Most fathers wished to connect to both mother and child, even if their romantic and/or sexual relationship had foundered. This would be one reason why teen mothers often report feelings of strength and empowerment, rather than loss and diminishment, through their motherhood. In this alternative moral rationality, teenage parents are much more active, social agents who choose and create outcomes, rather than ignorant victims or feckless perpetrators – even if the pregnancy itself was unplanned. This is one reason why there are significant geographical and social variations in teenage conception and abortion rates.



In reality, both dimensions of the rationality mistake will combine. As we have seen, both statistical and qualitative evidence shows how becoming a mother does not particularly disadvantage most mothers, and can in fact help them for the better. As Phoenix concluded as long ago as 1991, teenage women who become mothers are not so much a unitary social problem, but more a heterogeneous category of mothers who have particular problems. (And we can probably add in 'fathers' here.) Like lone mothers, it seems that it is motherhood, and belonging to particular class and/ or ethnic social groups, that is important to most, not the fact that they are lone or teenage (Duncan and Edwards 1999). Certainly, if such a rationality mistake is being made, then when policy is focussed on individual motivations – as currently – we would expect severe limitations to its efficacy. This may be one reason why teenage pregnancy rates have remained high in Britain, even slightly rising in 2002, although there has been some reduction since then (but not in many 'difficult areas' which 'remain difficult' Bell et al 2004, 3). For policy will be misdirected in its aims, use inappropriate instruments, and may be unhelpful to many teenage parents.

## Notes

[1] For example, miscarriage may well have social meanings and effects, and some may be misreported abortions.

## 4. References

- Arai, L. (2003a) 'Low expectations, sexual attitudes and knowledge: explaining teenage pregnancy and fertility in English communities. Insights from qualitative research' *Sociological Review*, 52, 2, 199-217.
- Arai, L. (2003b) 'British policy on teenage pregnancy and childbearing' *Critical Social Policy*, 23, 1, 89-102.
- Arensen, J. (1994) 'Strengths and self-perceptions of parenting in adolescent mothers' *Journal of Pediatric Nursing*, 9, 251-257.
- Babb, P. (1994) 'Teenage conceptions and fertility in England and Wales, 1971-91' *Population Trends*, 74, 12-17.
- Barlow, A. and Duncan, S. (2000) 'Family law, moral rationalities and New Labour's communitarianism', *Journal of Social Welfare and Family Law*, Part 1, 22: 1, 23-42.
- Bell, J., Clisby, S., Craig, G., Measor, L., Petrie, S and Stanley, N. (2004) *Living on the Edge: Sexual behaviour and young parenthood in seaside and rural areas* Department of Health.
- Berthoud, L. and Robson, K., (2003) 'Teenage Motherhood in Europe: a multi-country analysis of socioeconomic outcomes'. *European Sociological Review*, 19, 5, pp 451-466.
- Botting, B. (1998) 'Teenage mothers and the health of their children' *Population Trends* 93, 19-28.
- Bunting, M. (2005) 'It isn't babies that blight young lives' *The Guardian*, 27 May.
- Churchill, D., Allen, J., Pringle, M. Hippisley-Cox J., Ebdon, D., Macpherson, M. and Bradley, S. (2000) 'Consultation patterns and provision of contraception in general practice before teenage pregnancy: case controlled study' *British Medical Journal*, 321, 486-9.
- Corcoran, J. (1998) 'Consequences of adolescent pregnancy / parenting: a review of the literature' *Social Work Health Care*, 27, 2, 49-67.
- Cunnington, A. (2001) 'What's so bad about teenage pregnancy?' *Journal of Family Planning and Reproductive Health Care*, 27, 1, 36-41.
- Dennis, N. and Erdos, G. (1992) *Families without Fatherhood* London, Institute of Economic Affairs.
- Duncan, S. and Edwards, R. (1999) *Lone Mothers, Paid Work and Gendered Moral Rationalities*, London: Macmillan.
- Ermisch, J. (2003) 'Does a 'teen-birth' have longer-term impact on the mother? Suggestive evidence from the British Household Panel Study' Institute for Economic and Social Research, Working Papers, 2003-32, University of Essex.
- Ermisch, J. and Pevalin, D. (2003) 'Does a 'teen-birth' have longer-term impact on the mother? Evidence from the 1970 British Cohort Study' Institute for Economic and Social Research, Working Papers, 2003-32, University of Essex.
- Freely, M. (1999) 'He's 14, his 12 year old girlfriend is pregnant, and he'll be a good dad' *The Guardian*, 8. September.
- Geronimus, A. (1997) 'Teenage childbearing and personal responsibility: an alternative view' *Political Science Quarterly*, 112, 3, 405-430.
- Hawkes, D. (2003) 'The socio-economic consequences of early child-bearing: evidence from a sample of UK female twins'. Paper given to British Society for Population Studies annual conference, Leicester, September, <http://www.lse.ac.uk/collections/BSPS/annualConference/2004/fertility14Sept.htm>.
- Hoffmann, S (1998) 'Teenage childbearing is not so bad after all. Or is it? A review of the new literature' *Family Planning Perspectives*, 30, 5, 236-243.
- Kidger, J. (2004) 'Including young mothers: limitations to New Labour's strategy for supporting teenage parents' *Critical Social Policy*, 24, 3, 291-311.
- Lee, E., Clements, S., Ingham, R. and Stone, N. (2004) *A Matter of Choice? Explaining National Variations in Abortion and Motherhood* York, Joseph Rowntree Foundation.
- McMahon, M. (1995) *Engendering Motherhood: Identity and Self-transformation in Women's Lives*, New York, Guilford.
- Phoenix, A. (1991) *Young Mothers?* Cambridge, Polity press.

- Quinton, D. Pollock, S. and Golding, J (2002) The Transition to Fatherhood in Young Men Regard, <http://www.regard.ac.uk>, ESRC.
- Robinson, B. (1998) 'Teenage pregnancy from the father's perspective' *American Journal of Orthopsychiatry*, 58, 1 46-51.
- Robson, K. and Berthoud, R. (2003) 'Early motherhood and disadvantage: a comparison between ethnic groups' Institute for Economic and Social Research, Working Papers, 2003-29, University of Essex.
- Seamark, C. and Ling, P. (2004) 'Positive experiences of teenage motherhood: a qualitative study' *British Journal of General Practice*, November, 813-818.
- Selman, P. (2003) 'Scapegoating and moral panics: teenage pregnancy in Britain and the United States' in S. Cunningham-Burley and L. Jamieson (eds.) *Families and the State: Changing Relationships*. London. Palgrave Macmillan.
- SmithBattle, L. (1995) 'Teenage mothers' narratives of self: an examination of risking the future' *Advanced Nursing Science*, 17, 4, 22-36.
- SmithBattle, L. (2000) 'The vulnerabilities of teenage mothering: challenging prevailing assumptions' *Advanced Nursing Science*, 23, 1, 29-40.
- SmithBattle, L. and Leonard, V (1998) 'Adolescent mothers four years later: narratives of self and visions of the future' *Advanced Nursing Science*, 20, 3, 36-49.
- Social Exclusion Unit (SEU) (1999) *Teenage Pregnancy*. Cm 4342, London, HMSO.
- Speak, S, Cameron, S. and Gilroy, R. (1997) *Young, Single, Non-residential fathers: their involvement in fatherhood* London, Family Policy Studies Centre and Joseph Rowntree Foundation.
- Tabberer, S., Hall, C., Prendegast, S. and Webster, A. (2000) *Teenage Pregnancy and Choice: Abortion or Motherhood: influences on the decision* York, Joseph Rowntree Foundation.
- Teenage Pregnancy Unit (TPU) (2000) *Implementation of the Teenage Pregnancy Strategy, Progress Report*, London: Teenage Pregnancy Unit/Department of Health.
- UNICEF (2003) *Teenage Births in Rich Nations, Innocenti Report Card No. 3*, Paris.
- Wellings K. and Kane R. (1999) 'Trends in teenage pregnancy and motherhood' *Journal of the Royal Society of Medicine*, 92, 6, 277-82.